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REPORT OF THE EXECUTIVE DIRECTOR FOR 2003: PROGRAMME HIGHLIGHTS*

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*The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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Introduction by the Executive Director

1. Assisting countries in achieving the goals of the International Conference on Population and Development (ICPD), the ICPD+5 key actions and the Millennium Development Goals (MDGs) is central to the mission of UNFPA. With the approaching tenth anniversary of ICPD, the year 2003 offered unique opportunities to reaffirm and champion the ICPD Programme of Action and underscore its inextricable links to the MDGs. Indeed, as stressed by the Secretary-General in a message to the Fifth Asian and Pacific Population Conference, held in Bangkok, Thailand, in December 2002, "the Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."

2. Support for the ICPD Programme of Action and affirmation of the centrality of population and reproductive health issues to eradicate poverty and achieve the MDGs were unequivocally expressed by developing and developed countries at meetings organized by the United Nations regional commissions, including the meetings in Thailand in 2002, Trinidad and Tobago in 2003, and Switzerland and Chile in 2004. Similar affirmation and support were evident at the recent thirty-seventh session of the Commission on Population and Development, in which Member States expressed strong commitment to implementing the ICPD Programme of Action and underscored the key role of UNFPA in assisting countries in achieving ICPD goals and the MDGs.

3. The strong external support extended to UNFPA during 2003 was paralleled within the Fund by its own commitment and action to strengthen results-based management and organizational effectiveness. Responding to the changing environment in which it works and to the evolving development cooperation context, UNFPA has focused strategically on consolidating and building on the change and realignment processes set into motion by the Fund's 18-month transition exercise that ended in December 2002. Specifically, the transition exercise strengthened the Fund's capacity to work within the Millennium agenda and to plan and manage for results. In 2003, UNFPA accorded high priority to incorporating results-oriented approaches to human resources management, knowledge sharing, learning and training and financial management in its processes and systems. This effort included the development of planning tools and guidelines, staff training and renewed emphasis on systematic monitoring, evaluation and results-based reporting. The Enterprise Resource Planning (ERP) system, named ATLAS, launched in January 2004, will further contribute to increasing organizational efficiency and effectiveness and to enhancing the Fund's ability to link resources to results.

4. Growing support for UNFPA is reflected in its expanding donor base. The number of donors in 2003 grew to 151, comprising 149 donor Governments, the Mars Trust and the 34 Million Friends campaign. The Fund's regular income in 2003 totalled $293.1 million (N.B., all 2003 figures are provisional). This was an increase of 12.7 per cent over the 2002 income of $260.1 million. Contributions to other resources (trust funds, cost-sharing and other programme arrangements) amounted to $103.6 million in 2003. The substantial increase in 2003 regular income was due to increased contributions from five major donors, namely, Canada, Finland, Ireland, Norway and Sweden. Six major donors – Denmark, Japan, the Netherlands, Norway, Sweden and the United Kingdom – accounted for over 60 per cent of UNFPA regular resources. As of December 2003, of the 149 donor Governments contributing to the Fund's regular resources, 16 major donors provided about 96 per cent of the total regular resources. UNFPA recognizes the critical need to expand its donor base in order to

achieve financial stability. Towards that end, advocacy efforts have been stepped up to attract larger contributions from major donor countries of the Organisation for Economic Co-operation and Development (OECD). It is also hoped that the new members of the European Union will strengthen their partnership with UNFPA through, inter alia, increased contributions to the Fund.

5. The core work of UNFPA during 2003 was the implementation of country and subregional programmes approved by the Executive Board. Also, under the intercountry programme, the Fund supported a number of regional and interregional activities. The largest share of UNFPA programme resources, 61.5 per cent, went to support reproductive health activities; 19.8 per cent for population and development strategies; 12.1 per cent for advocacy activities; and 6.7 per cent for multisectoral activities. The Fund's resource allocation system accords the highest priority for assistance to Group A countries, a commitment that aligns well with the priority accorded to the least developed countries (LDCs) in the Brussels Declaration and the Programme of Action of the Third United Nations Conference on the Least Developed Countries. In 2003, 65.5 per cent of UNFPA programme resources was expended in Group A countries, the group that includes all LDCs. The breakdown for UNFPA expenditures for the other groups of countries is as follows: Group B countries, 19.7 per cent; Group C countries, 9.0 per cent; countries with economies in transition, 4.9 per cent; and other countries and territories, 0.8 per cent.

6. Programme expenditures in 2003 totalled $176.4 million, as compared with $203.6 million in 2002. The difference in programme expenditures for 2002 and 2003 was influenced by the difference between the amount of resources carried forward from 2001 to 2002 ($39.9 million) and from 2002 to 2003 ($6.6 million). In addition, one-time costs in 2003 related to operations further reduced the amounts available for the programme. In 2003, sub-Saharan Africa accounted for 36 per cent of UNFPA programme assistance; Asia and the Pacific accounted for 30.2 per cent; the Arab States and Europe region accounted for 13 per cent; and Latin America and the Caribbean accounted for 7.6 per cent. Interregional and global activities accounted for 13.1 per cent of programme assistance.

7. As highlighted in last year's annual report to the Executive Board, partnerships are pivotal to the work of UNFPA and crucial for working in a changing environment. In 2003, UNFPA continued to develop and consolidate its partnerships, numerous examples of which are contained in the present report. I would like to take this opportunity to thank all of our development partners for their generous and steadfast support to UNFPA, particularly the Fund's 151 donors; Member States; and the Executive Board; as well as the Fund's other partners, including parliamentarians, civil society, non-governmental organizations (NGOs), United Nations organizations and agencies, the Bretton Woods institutions and private foundations.

8. The next section of the present report discusses the Fund's response to a changing environment. Part II of the report focuses on highlights from the UNFPA programme in 2003 in the Fund's three core areas of work as defined in the multi-year funding framework (MYFF), namely, reproductive health; population and development; and gender. Part III delineates UNFPA efforts in 2003 in working towards organizational effectiveness. Part IV of the report contains elements of a decision that the Executive Board may wish to adopt.

I. RESPONDING TO A CHANGING ENVIRONMENT

9. UNFPA works in a changing environment. Responding to change quickly and flexibly, and constantly seeking strategic entry points to promote implementation of the ICPD Programme of Action and ICPD+5 key actions and the achievement of the MDGs, characterized the work of UNFPA during

2003. In line with the Secretary-General's reform agenda, there was a renewed determination among development agencies to work together in a more efficient and effective way to reduce poverty and promote sustainable development. The Millennium Declaration and the MDGs emanating from it provide a framework and compass to orient development efforts, as well as the opportunity to highlight the relationship between poverty reduction, reproductive health and rights, population, gender equality and development.

A. ICPD agenda and the MDGs

10. The international community has increasingly recognized that population and reproductive health factors are central to development and to the achievement of the MDGs. Indeed, as underscored by the Secretary-General in his report on the flow of financial resources for implementing the ICPD Programme of Action (E/CN.9/2004/4), "without a firm commitment to population, reproductive health and gender issues, and the concomitant allocation of financial resources, it is unlikely that any of the goals and targets of the Conference or the Millennium Summit will be effectively met."

11. Experience has shown that funding for population and reproductive health and rights programmes and investment in human capital are among the most cost-effective investments that a country can make. The people-centred paradigm that emerged at the ICPD in 1994 emphasized the integral linkages between population and development and focused attention on meeting the needs of individual men and women. The MDGs incorporate most of the goals and targets set at the global conferences and the world summits of the 1990s, including the ICPD. The MDGs address various dimensions of poverty and constitute a framework for reducing poverty by 2015. Similarly, the ICPD Programme of Action makes explicit the linkages between population, reproductive health, sustained economic growth and poverty. Clearly, access to reproductive health information and services is essential for progressing towards the MDGs.

12. Throughout 2003, whether in programme design and implementation or in policy dialogue, including dialogue on poverty-reduction strategies, UNFPA focused attention on linking population and reproductive health issues to the achievement of the MDGs. Special attention was accorded to building capacity in programme countries in the areas of data collection, analysis and utilization to ensure that the linkages between population, reproductive health and poverty-reduction strategies are based on empirical evidence. UNFPA chaired the inter-agency group that produced a handbook to provide guidance on the definitions, rationale, concepts and sources of data for each of the indicators being used to monitor the goals and targets of the MDGs. In 2005, the Secretary-General will present a comprehensive report to the General Assembly on progress made towards the MDGs. It is imperative that UNFPA and its partners ensure that the centrality of population and reproductive health issues to eradicating poverty and achieving the MDGs is highlighted in that report.

Box 1. Confluence of the ICPD Programme of Action and the MDGs

The MDGs are a concrete attempt to translate the goals of the United Nations conferences of the 1990s into well-defined and focused goals. In that context, most of the MDGs reflect the goals of ICPD. MDGs 2 and 3 coincide with the ICPD goal on education and literacy; MDG 5 is equivalent to the ICPD goal to reduce maternal mortality; and MDG 6 addresses the ICPD goal to tackle HIV/AIDS. Improving maternal health is also an indispensable component of reducing child mortality, MDG 4. In addition to these direct links, access to reproductive health care is an essential prerequisite for reducing poverty and inequality. Providing quality reproductive health services for all, particularly for underserved and disadvantaged groups, including people in remote areas, will help people to achieve a better quality of life for themselves and for their children. In short, implementing the ICPD Programme of Action is indispensable in achieving the MDGs and ensuring development with a human face.

B. United Nations reform

13. The Secretary-General's reform agenda responds to the changing development cooperation environment. In 2003, UNFPA continued to participate actively in the overall reform process to promote a coherent and coordinated United Nations system response to country needs and priorities. This included the Fund's participation in the processes of simplification and harmonization that are changing the way organizations and agencies function. Joint programming, reduced transaction costs and a more coherent United Nations response are some of the outcomes of the simplification and harmonization processes currently under way. The United Nations system efforts take into account harmonization efforts of the Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC). Harmonized and integrated programming at the country level is undertaken by the United Nations system in partnership with the Government and other key development partners. Country ownership and government leadership are central to the development work of the United Nations, and the United Nations common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) are guided by that precept.

14. Simplification and harmonization. An important component of the Secretary-General's reform agenda is the simplification and harmonization of the United Nations system's rules and procedures. Considerable progress has been achieved in simplifying and harmonizing programmes and operational procedures. The four Executive Committee members of the United Nations Development Group (UNDG), namely, UNDP, UNFPA, UNICEF and WFP, agreed on harmonizing programme approval and adopting a number of tools to facilitate programming. The tools include a common terminology for results-based management, the UNDAF results matrix, the joint strategy meeting and the UNDAF monitoring and evaluation plan. Joint programming is an area receiving increased attention. A revised Guidance Note on joint programming was issued in 2004. UNFPA chaired the group tasked in 2003 to review the earlier Guidance Note. The revised Guidance Note clarifies the difference between joint programming and joint programmes; provides guidance on how to go about joint programmes; delineates fund management options; and includes standard legal agreements for pooling and pass-through fund management options. Examples of UNFPA involvement in joint programmes are contained in the report on joint programming (DP/2004/30, DP/FPA/2004/8). With regard to joint offices, UNFPA is chairing a UNDG group that is exploring the feasibility of a joint office model with a view to rationalizing one or more of the following functions in full or in part: representation; operational support; programme development and management; and resource mobilization and communication.

15. CCA/UNDAF. The CCA and the UNDAF have undergone a number of improvements since their introduction in 1997. In 2003, the CCA/UNDAF guidelines were revised, emphasizing use of the UNDAF as the instrument to define the United Nations system's collective response to national priorities within the framework of the MDGs and other international goals. UNFPA was one of the lead agencies in the exercise to revise the CCA/UNDAF guidelines. The CCA/UNDAF is now mandatory in the country programme process. Preliminary results suggest that overall progress is being made in the area of coherent and coordinated programming. It should be underscored that the country programme outcomes and results of the four UNDG Executive Committee members must be linked to the UNDAF results matrix to facilitate coherent United Nations programming at the country level. The results matrix is designed to strengthen the links between the UNDAF and the country programme priorities of individual organizations, highlighting linkages between national goals and targets and UNDAF and country programme outcomes. As a member of the UNDG Executive Committee, UNFPA is committed to and engaged in linking its country programme outcomes and results to the UNDAF results matrix.

C. Policy dialogue and national development frameworks

16. In line with its strategic direction, UNFPA has focused attention on promoting policy dialogue to include population and reproductive health issues in sector-wide approaches (SWAps) and poverty-reduction strategy paper (PRSP) processes. During 2003, UNFPA continued its efforts to incorporate the ICPD agenda into broader development frameworks, such as national development plans and strategies, SWAps and PRSPs, and to ensure the incorporation of reproductive health as one of the focuses of MDG monitoring. UNFPA provided support for legislation and policies that promote reproductive health and rights for all, with special attention to adolescents and youth. These efforts included promoting national and subnational laws and policies to delay the age at marriage, because of the reproductive health risks associated with early pregnancy. UNFPA also worked to increase national commitment to reproductive health commodity security (RHCS) through increased allocations of health budgets to contraceptives.

17. Sector-wide approaches. During 2003, the level of UNFPA participation in SWAps increased over the previous year's level. UNFPA increased its engagement in SWAps in Cambodia, Ethiopia, Ghana, Honduras, Mali, Mauritania, Mozambique, Senegal, Uganda and the United Republic of Tanzania. The Fund promoted attention to the linkage between the ICPD agenda and the MDGs in national policy dialogues and among various working groups in support of sector programme development, implementation and performance monitoring. In Bangladesh and other countries, for example, Cambodia, Ghana, Mozambique, Uganda and the United Republic of Tanzania, UNFPA explored the pooled funding modality. In Malawi and Papua New Guinea, SWAps were progressing, with UNFPA actively participating in the preparation of memoranda of understanding. SWAps in the Central African Republic, Congo, Guinea, Nepal and Viet Nam were still limited or in the early phases, as was UNFPA involvement. In the Lao People's Democratic Republic, UNFPA joined other development partners to promote SWAps. In Azerbaijan, Bosnia and Herzegovina, Niger and Nigeria, where SWAps were non-existent, UNFPA actively pursued SWAp principles by working within national development and sectoral frameworks under government leadership.

18. In support of the Fund's role in promoting the ICPD agenda within the context of SWAps, an in-depth study was carried out in 2003 in Bangladesh, Ghana, Mozambique and the United Republic of Tanzania. The findings revealed that the United Nations system had not adopted a joint approach to participation in SWAps in any of the four countries and that UNFPA had participated only partially in SWAps, mainly through programme support and advocacy. In three countries, United Nations inter-agency collaboration on safe motherhood issues was identified. The study concluded that, to achieve results in reproductive health, UNFPA must participate more fully in SWAps, with regard to both policy definition and programme development and implementation, and that the Fund's technical knowledge and skills related to SWAps must be strengthened. In line with the study's recommendations, UNFPA is expanding its engagement in SWAps. UNFPA will also give priority to the development of guidelines for participation in pooled funding.

19. To strengthen the Fund's capacity to participate actively in SWAps and other national dialogues and development frameworks, UNFPA developed a web site on SWAps and, with the World Bank Institute, organized a course on poverty reduction, reproductive health and health-sector reform. In December 2003, 36 staff members from the UNFPA Country Technical Services Teams (CSTs) attended the course. In November 2003, UNFPA staff also participated in the Berlin Forum on programme-based approaches. In addition, several activities were initiated in the areas of reproductive health costing, an important aspect of UNFPA involvement in SWAps, PRSPs and health-sector reform. UNFPA plans to

prepare operational guidelines to facilitate the work of country offices on SWAps and programme-based approaches.

20. Poverty-reduction strategy papers. In 2003, UNFPA strengthened its efforts to mainstream population issues and reproductive health into the national poverty-reduction strategies of the poorest countries. As part of these efforts, attention was directed to elaborating a population and poverty conceptual framework that clarifies key linkages between population dynamics, reproductive health, gender and poverty reduction, and identifies how UNFPA can most effectively contribute to development. Another important area of work was the provision of technical guidance and policy perspectives, through, inter alia, information and publications on population and poverty, and presentations at regional and country-level workshops on participation in CCA, UNDAF and PRSP processes.

21. At the country level, UNFPA provided support to the Government of Pakistan in costing the population and development strategy in the national PRSP. In Bangladesh, working with the Government and the World Bank, UNFPA supported the organization of a high-level policy dialogue on a pro-poor health strategy in Dhaka, to identify and understand health and poverty issues in the context of the national poverty-reduction strategy and the Health, Nutrition and Population Sector Programme.

Box 2. Population and poverty

Population and poverty linkages are complex and multifaceted because they operate at the individual, household, community and national levels. To assess the dynamics of demographic change and the impact on poverty, inequality and economic growth, population dynamics need to be seen in the context of changing age distributions, population movement and densities. The most egregious manifestation of poverty is that of mortality – maternal, child or AIDS-related – which could be prevented or greatly reduced through access to quality reproductive health information, counselling and services. Providing families and communities with quality reproductive health services is a highly cost-effective investment to break the vicious circle of poverty and allow increased investment in children's education, particularly girls' education. The forces behind population dynamics, for example, reproductive health care and women's empowerment, go beyond the walls of the household and work to reduce gender disparities and improve the overall well-being of people.

22. UNFPA contributed to the work of the Millennium Task Force on Poverty and Economic Development, participating in meetings and providing inputs to ensure that population and reproductive health issues would be factored into the analysis and recommendations of the task force's report. The Fund also served as chair of a UNDG task force that drafted a Guidance Note on the engagement of United Nations country teams in PRSPs. In 2003, UNFPA continued to implement several components of the UNFPA/World Bank Joint Action Plan, which focuses on specific country-level activities in the areas of policy, programmes and capacity-building; continued working in partnership with the International Union for the Scientific Study of Population (IUSSP) on policy research concerning population and poverty; and worked with the Population Council on examining micro-level linkages between population and poverty in Bangladesh and Egypt.

II. PROGRAMME HIGHLIGHTS

A Reproductive health

23. The adoption of the MDGs has placed poverty reduction at the top of the development agenda. Population and reproductive health issues impinge directly on poverty reduction. While reproductive health is not specified as one of the MDGs, it has been widely recognized that it will be impossible to

meet the MDGs without achieving the ICPD goal of universal access to reproductive health services. Evidence indicates that promoting reproductive health and rights is indispensable for economic growth and poverty reduction at both the macro and household levels. Studies show that developing countries that have invested in education and health, including reproductive health, have achieved smaller families and slower population growth, which have led to higher economic growth and better quality of life. At the household level, it has been seen that women who invest in their reproductive health and plan their families are better able to take care of their families and themselves. Better health contributes to helping people break the cycle of poverty and reduces the disproportionately large reproductive health disease-burden borne by poor women.

24. Clearly, reproductive health and rights are the underpinnings for meeting the MDGs. UNFPA has long supported strengthening national capacities to provide the full range of reproductive health services. These services include the provision of family planning methods; maternal health care, assisted delivery, and essential and emergency obstetric care; prevention and management of reproductive tract infections (RTIs), including sexually transmitted infections (STIs); prevention of HIV/AIDS; management of the consequences and complications of unsafe abortion; and information, education and counselling on reproductive health, including family planning and sexual health. Strengthening demand for reproductive health is crucial in making reproductive health policies and programmes work for the poor and other disadvantaged groups. The Fund's efforts have been directed towards strengthening the demand for reproductive health at community and household levels through activities to promote quality of care. Gender-related issues are also being addressed, including harmful practices and gender-based violence.

25. In 2003, UNFPA aimed at forging a common understanding of reproductive health and rights and at promoting the application of these concepts within varied cultural contexts, emphasizing a rights-based approach and seeking to mobilize individuals and civil society organizations to demand better reproductive health. UNFPA also sought to enhance women's access to quality services and female-controlled methods; and to promote male involvement, including through encouraging their support, participation and responsibility. In 2003, UNFPA invested more than half of its financial resources in reproductive health interventions and commodity provision.

26. Based on eight case studies (published in 2004) of ongoing and completed projects, UNFPA experience indicates that reproductive health programmes that give serious consideration to social and cultural factors can generate a supportive environment for advocacy and service delivery. Building bridges between universal rights and local cultural and ethical values is a key strategy to provide the motivation to individuals and communities to enable them to understand universal rights standards and appreciate the need to practise, advocate and promote these rights. Collaboration and partnerships between UNFPA and local traditional leaders and faith-based and religious organizations have proved instrumental in neutralizing resistance and creating local ownership of the ICPD Programme of Action and reproductive rights. These organizations have large numbers of constituents in public posts that are involved in determining social and economic priorities, allocating resources and influencing public opinion. In addition, religious organizations have large networks of schools, health clinics and income-generating activities that reach villages and towns. In countries where partnerships with these structures and institutions were formed, UNFPA was able to mainstream reproductive health concerns and services into many of these networks.

1. Reducing maternal mortality and morbidity

27. Saving mothers' lives and protecting them from serious complications associated with pregnancy and childbirth are moral and human rights imperatives and a crucial international development priority. UNFPA has adopted a three-pronged strategy for reducing maternal death: family planning, skilled attendance at all births and emergency obstetric care for women who develop complications. In collaboration with Columbia University, UNFPA provided technical and financial support to four countries – India, Morocco, Mozambique and Nicaragua – through the project "Making Safe Motherhood a Reality". In 2003, the fourth year of the project, all four country projects had improved the quality of services, emphasizing the training of medical and paramedical staff in emergency obstetric care and revising data collection tools to integrate emergency obstetric care monitoring and evaluation processes into national health information systems. As a result of the project's accomplishments, the Ministry of Health of Mozambique designed a plan to cover 9 out of 10 provinces with a similar approach, with support from WHO, UNICEF, the United States Agency for International Development (USAID) and other donors. The strategy used in the project in Rajasthan, India, was replicated in Phase II of the Reproductive and Child Health Programme implemented by the government of Rajasthan with financial assistance from the World Bank. Moreover, the Government of India is considering replicating the emergency obstetric care approach in other states. This leveraging of additional resources and scaling up of projects initiated by UNFPA is an example of the concrete implementation of the strategic direction adopted by UNFPA.

28. UNFPA-supported regional initiatives in West and Central Africa (Cameroon, Côte d'Ivoire, Gabon, Gambia, Guinea-Bissau, Mauritania, Niger and Senegal) and in Latin America and the Caribbean (Bolivia, El Salvador and Honduras) progressed in 2003. Most countries completed needs assessments and were designing emergency obstetric care components for their maternal health programmes. UNFPA is an active member of the regional task force on reduction of maternal mortality in the Latin American and Caribbean region. The Fund participated in regional meetings held in Bolivia and the Philippines on skilled attendance at birth.

29. Advocacy to reduce maternal mortality continued to play an important role in UNFPA-supported projects. A detailed emergency obstetric care checklist was circulated as a tool for assessing services and improving programme planning. An accredited distance-learning course on reducing maternal deaths was developed and made available in French, English and Spanish. The UNFPA campaign to end obstetric fistula also promoted emergency obstetric care as a critical intervention in preventing maternal morbidity. The campaign has expanded to include activities in 23 countries. UNFPA produced and disseminated a report and information kit on fistula as well as regular updates on the campaign. In 2004, UNFPA plans to operationalize the strategy through regional discussions on the Fund's contribution to regional and national action plans for maternal mortality reduction.

2. Family planning

30. At the primary health-care level, UNFPA in 2003 continued to improve the availability of family planning and comprehensive reproductive health services: 62 countries with UNFPA-assisted programmes reported that 60 per cent or more of service delivery points offered at least three reproductive health services, a 5 per cent increase in the number of countries compared with the previous year. UNFPA continued to provide assistance to develop and encourage the use of clinical protocols and standards of practice and appropriate information and counselling, promoting high standards of care and extending the availability of the widest range of safe, affordable and accessible family planning methods.

Improved monitoring and reporting of quality aspects of reproductive health care indicated that increasing proportions of service delivery points were following protocols. In 2003, 40 countries with UNFPA-assisted programmes reported that 60 per cent or more of service delivery points were providing quality reproductive health services in accordance with established protocols, compared with 32 in the previous year.

31. A key challenge lies in overcoming the lack of appropriately trained service providers and other human resources for incorporating family planning as a central component of integrated reproductive health services. Collaboration with WHO has led to the development of a set of guidelines on family planning. Efforts are under way for the adaptation and adoption of the guidelines at national and subnational levels, including holding capacity-building workshops and preparing tools to enhance decision-making and communication skills.

32. Women in refugee situations have special reproductive needs, especially for family planning. In Sierra Leone, as part of the UNFPA project for women in crisis, aimed at extremely vulnerable women, activities included counselling and family planning information and services. In Guinea, UNFPA collaborated with UNHCR in providing family planning services to refugee populations, and service utilization statistics demonstrated that an increase in contraceptive prevalence was accompanied by a decrease in STIs.

33. Prevention and treatment of STIs constitute a central component of reproductive health. Efforts are under way to include STI prevention and treatment in UNFPA-supported country programmes. An information note was prepared for staff in UNFPA country offices to enhance their understanding of STIs, as well as the programmatic implications. As part of the collaboration with WHO, selected UNFPA field staff and their national counterparts are being trained, through regional workshops, to promote utilization of WHO guidelines in service delivery.

3. Reproductive health commodity security

34. In 2003, UNFPA assistance for RHCS achieved three major results. It increased national capacities to meet reproductive health commodity needs; increased donor coordination for the provision of resources to meet those needs; and increased advocacy and resource mobilization by placing RHCS as a priority on the development agenda.

35. During 2003, UNFPA continued to build the capacity of UNFPA staff and national counterparts to develop and introduce strategies for national RHCS. The Fund also supplied more than 52 million condoms under the Global Contraceptive Commodity Programme (GCCP) to a total of 42 countries to meet their urgent needs. In addition, under the GCCP, oral contraceptive pills were provided to the Gambia, Guatemala, Nepal and Nicaragua. To fulfil the need for immediate delivery resulting from unforeseen delays and production shortfalls, GCCP increased its stock of contraceptives amounting to approximately $2.2 million. Timely shipments were made to the required destinations within 7 to 10 days from the receipt of orders. As a result, field programmers were able to fulfil their contraceptive programming activities efficiently for the targeted beneficiaries, including handling the sudden stock-outs. Apart from contraceptives, the GCCP continued to hold stocks of reproductive health kits for emergency destinations (see section on "Humanitarian assistance", below).

36. To meet the immediate needs of countries facing reproductive health commodity shortfalls, the Government of the Netherlands contributed approximately $2.5 million to UNFPA to ensure an

uninterrupted supply of commodities. This grant was made in addition to the regular contribution by the Netherlands to UNFPA.

37. As a result of regional workshops on RHCS strategies, a new software, called the "Country Commodity Manager", was developed to help countries keep track of their stocks and shipments of quality contraceptives and other reproductive health commodities. Data from the Country Commodity Manager have already helped to identify an opportunity for a "commodity swap" between one country (the Islamic Republic of Iran) that faced a shortage of reproductive health commodities and another country (Cambodia) that had an abundant supply of such commodities.

Box 3. Partnerships with donors, Governments, NGOs and the private sector essential for reproductive health commodity security

UNFPA recognizes that RHCS can be achieved only through coordinated partnership. As noted in the Fund's *A Global Call to Action*, the goals and objectives of commodity security – and thus ICPD goals and MDGs – cannot be reached by any one organization alone. In 2003, UNFPA encouraged Governments, donors, United Nations system partners, NGOs and the private sector to strive, each in accordance with its own comparative advantage, to work cooperatively in the fulfilment of commodity security at both global and national levels. Following workshops, many countries, including Ghana, Lao People's Democratic Republic, Mongolia, Sierra Leone and Yemen, developed national working groups on RHCS comprising major donors, technical agencies, NGOs and the private sector to address RHCS collaboratively.

38. With HIV/AIDS prevention being a key component of UNFPA operations for preventing STIs, UNFPA negotiated the competitive costs of supplies for the provision of HIV test kits under the voluntary counselling and testing programme. During 2003, under the GCCP programme, UNFPA initiated the stockholding of post-exposure prophylaxis treatment kits, an emergency response for individuals exposed to the HIV virus.

39. In several countries, funds were allocated to reproductive health commodities in national accounts, signifying an important national commitment. Eritrea, Guatemala, Indonesia, Madagascar, Nepal, Sri Lanka and Yemen made separate budget line allocations for reproductive health commodities in their national accounts; and Guatemala and others reported that increased government funding would lead to increased sustainability of RHCS. Technical assistance provided by UNFPA has helped to strengthen the capacities of countries in such RHCS-related areas as forecasting commodity requirements and improving logistics management systems and procurement. Training programmes were organized for government officials in several countries, including Thailand, Turkmenistan and Viet Nam.

40. The general constraints to commodity security include the fact that HIV/AIDS and reproductive health are still vertical programmes. This lack of integration presents a problem: viewing contraceptives for family planning separately from those for STIs/HIV/AIDS prevention constrains both policy and programming efforts. Decreased donor support for commodities in recent years, notwithstanding the growing demand, has also posed a major challenge. As a result, it has become even more important for Governments and the international community to ensure RHCS.

4. HIV/AIDS

41. This section of the annual report focuses on HIV/AIDS and responds to decision 2004/5, adopted by the Executive Board at the first regular session 2004. In that decision the Board requested UNFPA to provide more detailed information in the annual report on how the Fund, working in cooperation with

relevant stakeholders – in particular the other co-sponsors of UNAIDS – is acting on the recommendations made by the UNAIDS Programme Coordinating Board (PCB) during its fourteenth meeting in June 2003. UNFPA welcomed the PCB recommendations endorsed in December 2002 and those from the June 2003 meeting, including recommendations dealing with an increased focus on country-level action, increased access to affordable commodities and the feminization of the epidemic.

42. In the context of promoting reproductive health, including family planning and sexual health, UNFPA has focused strategically on three core areas in its response to HIV/AIDS: the prevention of HIV infection among young people; the prevention of HIV infection in pregnant women; and comprehensive condom programming. These core areas are complemented by support for creating stronger enabling environments, encompassing gender equity and equality, cultural sensitivity and partnership, including partnering with men. In 2003, UNFPA maintained its role as the convening agency in the two important areas of focusing on young people and condom programming, and worked to strengthen United Nations partnership and collaboration. UNFPA continued to provide a strong presence in country-level theme groups on HIV/AIDS. Results of the global survey, which was conducted as part of the 10-year review of the implementation of the ICPD Programme of Action, corroborated the importance of intensifying action on HIV/AIDS, as the vast majority of respondent countries noted that combating the epidemic was a priority.

Integrating HIV/AIDS in reproductive health programming

43. UNFPA has long emphasized that reproductive health programmes can play a pivotal role in providing individuals with access to prevention, care and treatment services for HIV/AIDS. Nevertheless, for a variety of reasons – historical, cultural, economic and funding-related – services for reproductive health and HIV/AIDS remain as parallel programmes in most countries. The integration of HIV/STIs with reproductive health programmes is a strategy that could lead to improved prevention, screening, treatment and care as well as to less infertility and fewer poor pregnancy outcomes. Integrating services could also lead to a more holistic approach to health, with a focus on gender equity and reproductive rights. It could reduce the stigma associated with vertical HIV/STI programmes, increase opportunities for improving health, increase convenience and decrease costs for clients, and make services more cost-efficient. Some have argued that integrating these services could result in a decline in quality, that service providers would be overwhelmed with more responsibility than they are able or willing to handle, and that marginalized populations would continue to be excluded. Yet, to ignore the linkages and fail to build upon the multisectoral nature of addressing reproductive health, with its socio-economic, legal, attitudinal, cultural, educational and gender dimensions, is to miss an opportunity to help millions of women and their families prevent unnecessary suffering and untimely death.

Responding to UNAIDS PCB recommendations

44. Within UNAIDS, it is acknowledged that the United Nations system must continue to re-evaluate its efforts, more strongly define its value added, and work both in partnership and as a catalyst to achieve major impact, given limited resources. The PCB recommendations cut across a broad array of issues. This subsection of the annual report outlines those most relevant to UNFPA programming and illustrates action taken on the recommendations. As a co-sponsor of UNAIDS, UNFPA is deeply committed to systematic follow-up to the PCB recommendations. Responding to the PCB recommendation urging UNAIDS and its partners to strengthen the links between the areas of child health, reproductive health and rights, and HIV/AIDS so as to improve the effectiveness of poverty-reduction strategies, UNFPA embarked on a major effort to highlight the interplay between reproductive health, including family

planning and sexual health, and HIV/AIDS, and to garner support for programmatic responses. Beginning with a videoconference in September 2003, co-hosted by UNFPA and the World Bank, UNFPA and its partners are holding a series of consultations through May 2004, scheduled to culminate in a commitment to action emerging from a high-level meeting in June 2004 and reiterated in a symposium at the International AIDS Conference in Bangkok, Thailand, in July 2004, the commemoration of the tenth anniversary of the ICPD in New York in October 2004 and other international events.

45. The Global Fund. Among its recommendations, the PCB urges UNAIDS to continue to assist countries in accessing resources, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. An assessment of UNFPA country offices' experience indicated that almost all offices, especially those in the Africa region, were providing technical assistance to national counterparts for preparing proposals to access resources from the Global Fund. However, UNFPA needs to step up efforts to ensure that country proposals address reproductive health as well as HIV issues, including improving access to preventive commodities, particularly male and female condoms; empowering women and young people; and strengthening commitment to reach out to vulnerable populations such as sex workers and urban and rural poor. Doing so would also help address the PCB recommendation "to intensify ongoing work with its partners to fight stigma, discrimination and marginalization ... and encourage Governments to secure the rights of vulnerable populations and people living with, and affected by, HIV/AIDS." The possibility of reprogramming Global Fund grants approved under rounds one and two presents an opportunity to address these issues. Obstacles continue to be, in many instances, the availability and the HIV/AIDS technical capacity of country-level staff to undertake such efforts. Country offices have been notified to contact headquarters and CSTs as well as other development partners and national experts for additional human resources as needed to support countries in preparing their proposals.

46. Country-level focus and scaling up national responses. The governing bodies of both UNFPA and UNAIDS consider it vital to support the building of capacities at the country level so that countries can scale up, intensify and sustain their response to the epidemic. This will require a critical mass of human resources, supported by adequate financial resources. In 2003, UNFPA reviewed its human resource capacities to support the strengthening of national capacities. As a first step all country offices were requested to designate or recruit HIV/AIDS focal persons to strengthen technical support to HIV-prevention components of country programmes. Focal persons would also help build collaboration with other partners both within and outside the United Nations country team, including civil society. Communication would be further facilitated through the UNFPA inter-divisional working group, which includes about 80 country-level members.

47. UNFPA Geographical Divisions have been adapting the global framework, presented in mid-2002, to create regional strategies. In Africa, for example, the regional directors group of the United Nations system agreed, in July 2003, to intensify action against HIV/AIDS. In its follow-up, UNFPA emphasized the need for country offices to work more collaboratively with other United Nations country team members in addressing the epidemic at the country level. UNFPA and UNICEF, in collaboration with UNESCO, ensured that HIV prevention among young people was given the desired attention at the first Economic Community of West African States (ECOWAS) Youth Forum held in Abuja in August 2003.

48. In Eastern Europe and Central Asia, building on the success of the regional network of peer educators (Y-PEER), UNFPA and its partners focused on scaling up at the national level and upgrading tools (e.g., for distance learning). This example of strengthening national peer education efforts has

proved a cornerstone for the sustainability of country-level activities. As of early 2004, 185 organizations from 22 countries were in the Y-PEER network, with an estimated 1.3 million youth targeted. The ownership of Y-PEER is expected to be fully transferred to countries by the end of 2004.

49. In the Latin America and Caribbean region, a regional strategic guide on HIV/AIDS prevention was prepared in 2003, the result of a partnership with the National Institute of Public Health of Mexico as well as with UNAIDS. Three other important regional initiatives on HIV/AIDS took place in 2003: the start-up of the OPEC Fund-UNFPA project on HIV/AIDS prevention among vulnerable youth in selected countries in Central America and the English-Speaking Caribbean; a partnership with the Inter-American Human Rights Institute (San Jose, Costa Rica) to assist national human rights institutions (ombudsman's offices) in monitoring the implementation of HIV/AIDS-related legislation and policies in six Central American countries; and a regional workshop, sponsored by UNFPA in partnership with UNAIDS, in Lima, Peru, on experiences in nine countries with HIV/AIDS-prevention programmes for the armed forces and/or the national police.

50. Initiatives with NGOs and civil society organizations dealing with HIV/AIDS also increased during 2003. Building on the positive results of the African Youth Alliance Programme interventions in Botswana, Ghana, Uganda and the United Republic of Tanzania, UNFPA collaborated with international NGOs and numerous national NGOs, religious and community leaders, the media and young people to promote greater commitment to HIV prevention among the young. Partnerships in the Latin America and the Caribbean region have been expanded in eight countries to support strengthened institutional capacities and improved quality of care in reproductive health, including family planning and sexual health, services, including HIV/AIDS prevention.

51. The PCB specifically requested that UNAIDS strengthen partnerships aimed at scaling up national responses. Within the United Nations system, inter-agency partnerships through task teams, reference groups and the like were providing common guidance for field-based action. Such actions include the forthcoming gender resource package and guidelines on the prevention of mother-to-child transmission. UNFPA was also gearing up to execute its role in the WHO-led UNAIDS 3 by 5 Initiative as well as the UNESCO-led Preventive Education Initiative, under development. At the country level, UNFPA representatives participate actively in HIV/AIDS theme groups and have frequently chaired the theme groups. Furthermore, in response to recent issues raised by the Secretary-General's Special Envoys on HIV/AIDS, the UNAIDS Committee of Co-sponsoring Organizations Executive Heads discussed means to ensure "one United Nations voice" and to strengthen country-level collaboration. In 2003, PAHO, UNICEF and UNFPA collaborated on a United Nations HIV/AIDS advocacy strategy; a regional cooperation framework is expected to be developed in 2004.

52. Access to preventive commodities. The PCB requested that UNAIDS "intensify its support to countries in scaling up their national programmes," including support for affordable commodities. In 2003, UNFPA provided tools for country-level rapid needs assessments and forecasting and agreed on memoranda of understanding with UNDP and UNICEF concerning the procurement of preventive commodities through Global Fund grants. UNFPA also partnered with WHO, the UNAIDS Secretariat and Family Health International (FHI) in updating procurement specifications for the male latex condom. UNFPA is striving to better engage other United Nations organizations and partners in condom programming, which continues to be a political challenge. Each year, needs exceed availability and access by billions of condoms. It is evident that UNFPA will need to exercise more forcefully its leadership role in catalysing action among partners so that condoms, especially the female condom, become more widely affordable and accessible. Challenges to be addressed include helping countries

improve storage facilities to reduce condom spoilage; decreasing procurement lead times; increasing advocacy and support surrounding women and the availability and affordability of the female condom; and promoting effective behavioural change communication to ensure consistent and correct use, as well as to increase overall usage of condoms for HIV prevention and dual protection.

53. Feminization of the epidemic. The PCB welcomed the plans of UNAIDS to "mount a major effort to increase women's access to HIV prevention and care services..." Addressing the feminization of HIV/AIDS requires action on several fronts. Women's reproductive health and rights have always been a key element in the work of UNFPA. While the Fund fully supports the ABC approach for HIV prevention – abstain, be faithful and use condoms – it has become evident that this is not always a viable option for all women and girls, many of whom are powerless to make decisions affecting their reproductive lives. During 2003, UNFPA worked with UNIFEM, the UNAIDS Secretariat, EngenderHealth and other partners to address the challenges that women and girls face. In September 2003, UNFPA and UNIFEM brought these challenges to the attention of members of the United Nations General Assembly during a high-level roundtable. As part of its commitment to the Global Coalition on Women and AIDS, UNFPA is leading efforts to develop strategies to address HIV prevention among girls and young women, which represents one of seven areas defined by the Coalition as critical to the response.

54. As a co-chair with UNIFEM of the inter-agency task team on gender and AIDS, UNFPA has contributed to a cohesive approach to addressing gender issues in the context of HIV/AIDS. UNFPA, UNIFEM and the UNAIDS Secretariat will launch a major publication on women and AIDS at the July 2004 International AIDS Conference. Plans for 2004-2005 include adding to its work the issue of the reproductive health rights and needs of HIV-positive women, and developing a staff training module on HIV/AIDS and culture. UNFPA is also rallying United Nations partners, especially WHO and UNICEF, to address the needs of highly vulnerable young people, including adolescent girls forced into early marriage and very young adolescents.

55. Response to the PCB call for intensified action in the Asia and Pacific region. HIV prevention is now to be part of all country programmes in the Asia and Pacific region, cutting across all components. UNFPA continued to work closely with UNAIDS country coordinators in relation to national HIV/AIDS strategies. For example, in Indonesia, UNFPA contributed to the National HIV/AIDS Strategy 2003-2007 and took the lead, within the framework of the United Nations Joint Action Programme on HIV/AIDS 2003-2007, in developing a National Strategy on Young People and HIV/AIDS. UNFPA is also developing subregional strategies for South-Asia, South-East Asia and the Pacific region to better respond to regional needs for HIV prevention, including addressing HIV prevention among mobile populations and sex workers in countries where the needs of these groups are not adequately addressed.

56. Resource tracking. In response to the PCB recommendation to "expand efforts in resource tracking in conjunction with relevant global, regional and national partners", UNFPA and UNAIDS continued their collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI), which has begun to produce real-time estimates of financial resource flows to complement trend analyses. The UNFPA/UNAIDS/NIDI resource flows project strengthened collaboration with OECD and has begun an exchange of data with WHO. Both UNFPA and NIDI joined the UNAIDS Global Consortium on Resource Tracking to coordinate methodologies and avoid duplication with the growing number of organizations collecting data. Challenges include collecting data at lower administrative levels, maintaining consistency in reporting from Governments, estimating expenditures in integrated projects and SWAps, collecting data on private-sector and out-of-pocket expenditures, and ensuring compatibility

of data among partners. To meet these challenges will require adequate human and financial resources, including country-level capacities and strong collective partnership with shared responsibility within the coalition.

57. HIV/AIDS in the workplace. As part of the joint UNFPA/UNICEF "Caring for Us: HIV/AIDS in the Workplace" programme, joint orientation and training are planned for UNFPA, UNICEF and other interested parties. Discussions are under way with UNDP to join forces in providing this type of support at the country level. Policy guidance on HIV/AIDS in the workplace is provided through the Inter-agency Human Resources Task Force, in which UNFPA is an active partner.

58. The way forward. A key challenge in combating HIV/AIDS is ensuring linkages within the United Nations system response to provide the necessary long-term support to countries to access adequate resources; implement effective policies and programmes to prevent new infections; and ultimately to halt and reverse the epidemic. Despite the increased efforts of UNAIDS Co-sponsors and other United Nations agencies, the recent midterm review of the United Nations System Strategic Plan (UNSSP) and the Global UNAIDS Secretariat Staff meeting find that the United Nations system is not yet achieving maximum impact. UNFPA is committed to meeting the challenges ahead. These include linking HIV/AIDS with reproductive health, including sexual health; ensuring that staff have the appropriate skills and knowledge to broker and impact national actions in response to the epidemic; and acting more forcefully on its long-term commitment to women and to better meeting the challenges faced in Southern Africa. Joint programming and stronger engagement of United Nations country teams are some of the key priorities for UNFPA in addressing the HIV/AIDS challenges in the months ahead.

5. Adolescents

59. Given the increasing importance of addressing the needs of adolescents and youth in developing countries, UNFPA has emphasized preventing HIV/AIDS and early pregnancy among young people. In 2003, the Fund's flagship publication, State of World Population, underscored that meeting adolescents' reproductive health needs is an urgent priority in the fight against poverty and HIV/AIDS. The report stressed that HIV/AIDS had become a disease of the young. Half of all new HIV infections, and at least a third of more than 333 million new cases of curable STIs each year, occur in people aged 15 to 24. Yet only a small percentage knows that they are infected, and a majority of young people is ignorant about how HIV is transmitted. During 2003, UNFPA continued to support efforts to expand information and education on reproductive health issues to young people in formal and informal settings. More than one third of 90 countries with UNFPA-assisted programmes reported that primary schools had adopted gender-sensitive reproductive health curricula, compared with less than one quarter in 2002. Data for the secondary level show a similar pattern, with 42 per cent of countries reporting that secondary schools had adopted gender-sensitive reproductive health curricula, compared with 30 per cent in 2002. For example, to promote responsible behaviour among adolescents in Angola, UNFPA supported such interventions as pilot programmes on population and family life education in schools and teacher training in three provinces, resulting in the communication of information related to adolescent reproductive health, gender, STIs and HIV/AIDS in 20 schools to students who later acted as peer educators.

60. In Kenya, to create an enabling environment to address adolescent reproductive health issues, the Government adopted and launched the Adolescent Reproductive Health and Development Policy in October 2003. With UNFPA support, Costa Rica has embarked on a process to develop a national youth policy. A National Youth Council composed of young people between the ages of 12 and 35 has been created to formulate and approve the national policy. In Cambodia, adolescent reproductive health is an

important concern because of the rapid spread of HIV/AIDS. Under the European Union/UNFPA reproductive health initiative for youth in Asia, UNFPA, working in partnership with local NGOs, oversaw activities related to adolescent reproductive health, including awareness-building and training. These activities involved young people, community leaders, parents, teachers and monks. In China, where a pilot project on HIV/AIDS has begun, with an integrated prevention approach, UNFPA is the chair of the United Nations theme group on HIV/AIDS. In Niger, Muslim religious leaders who were initially opposed to adolescent reproductive health and HIV-prevention interventions have subsequently, with UNFPA support, developed and endorsed guidelines on adolescent reproductive health and HIV-prevention. The leaders are using these guidelines in their religious teachings.

61. UNFPA, UNICEF and WHO worked together in 11 countries with Governments, NGOs, community action groups and adolescents to break new ground in addressing needs and meeting challenges. The Adolescent Girls Initiative, funded by the United Nations Foundation, played a key role in placing the topic of adolescence at the forefront of the development agenda among partners. The project promoted policy dialogues on adolescent issues in several countries. In Malawi, an advocacy campaign was undertaken to revise the national youth policy to include a stronger focus on gender equality, female participation, HIV/AIDS prevention, and reproductive health services for young people. In Senegal, the lessons learned from this joint project are being fed into the wider United Nations effort to reinforce inter-agency collaboration. In Mongolia, the four implementing agencies – UNFPA, UNICEF, UNESCO and WHO – planned and implemented a joint project evaluation.

62. Gender inequities, differential access to education, social and economic opportunities and the different ways in which girls and boys are raised and treated lie at the root of major developmental challenges affecting the lives of adolescents. UNFPA-supported programmes focusing on young people seek to address socialization processes that lead to gender stereotypes and related attitudes and behaviours. Recently, in April 2004, UNFPA held a two-day meeting with a group of young people from around the world who will advise the Fund on the best ways to recognize and promote the rights and needs of youth within national development plans. The group will provide advice to ensure that UNFPA programmes are youth-friendly. The Youth Advisory Panel, with representatives from national, regional and international youth networks, was set up during the meeting in New York.

63. During 2003, UNFPA developed a new web feature entitled "Options and Opportunities for Adolescents". This feature, launched in April 2004, documents the results of projects and programmes for adolescents in 11 countries where UNFPA and UNICEF, along with other United Nations organizations and agencies, are working with Governments, NGOs and community action groups. Among the projects highlighted are those in Benin (the Multi-Media Centre in Cotonou, where young adults can learn to be reporters, writers, videographers or radio and TV technicians) and Jordan (where disadvantaged adolescents are reached by campaigns aimed at narrowing the gap between generations and enhancing knowledge and attitudes concerning, inter alia, reproductive health and HIV/AIDS prevention).

64. Comprehensive initiatives such as those mentioned above provide important lessons on integrated programming, inter-agency collaboration, technical support and capacity-building. One key lesson learned is that joint project planning, implementation, and monitoring and evaluation require much time and effort from all involved stakeholders and can be especially challenging for organizations with small country offices, such as UNFPA.

Box 4. Addressing harmful practices

In 2003, in Kenya, a new strategy was adopted as part of UNFPA efforts to fight against harmful practices such as early forced marriage or genital cutting. To stem the influx of runaways overburdening rescue centres, the new strategy supported counselling and emphasized a reconciliation with parents and reintegration into the community so that girls who ran away from these practices could go back to their homes without risking genital cutting or forced marriages. To this end, UNFPA supported advocacy and counselling services for rescued girls at the Waa School in Kwale and in Narok. UNFPA activities attracted the attention of the Ministry of Education, which provided financial support to Waa School and made commitments to support the girls.

6. Humanitarian assistance

65. In 2003, UNFPA provided humanitarian assistance to more than 20 countries and territories. The Fund provided support to conduct and facilitate rapid reproductive health assessments, train field staff and counterparts, prepare project documents and Consolidated Appeals Processes (CAPs), advocacy, provide reproductive health kits and commodities, mobilize resources, and conduct emergency and post-conflict programme evaluation.

66. The preparations for providing basic reproductive health services to those affected by the Iraq crisis were the most comprehensive ever undertaken by UNFPA, involving coordination among several UNFPA offices, NGOs and Governments in the region. Although anticipated refugee movements did not occur, the pre-positioning of goods in neighbouring countries made it possible to move basic reproductive health supplies into Iraq immediately after the war. Supplies for pregnancy care and safe delivery and for emergency obstetric care were deployed to the Islamic Republic of Iran, Jordan, Syrian Arab Republic and Turkey, with some additional supplies for management of gender-based violence and for STI/HIV prevention.

67. In Liberia, Côte d'Ivoire and elsewhere in West Africa, concern about the situation of populations who had been repeatedly displaced due to conflicts in the subregion led to an analysis of the impact of conflict on the reproductive health status of affected populations. UNFPA, other United Nations organizations and agencies, and many NGOs had supported reproductive health programmes for refugees and internally displaced persons in the region for some time. In 2002/2003, however, with the advent of the Côte d'Ivoire crisis and the intensification of conflict in Liberia, it became apparent that individual country-based activities were of limited efficacy. A regional response, taking the constant population movements into account, was required. To develop an effective regional strategy, a multi-country workshop was held in Akosombo, Ghana, in May 2003, with participants, inter alia, from UNFPA offices in Burkina Faso, Côte d'Ivoire, Ghana, Liberia, Mali and Sierra Leone. The workshop's outputs included a set of situation analyses and reviews of humanitarian activities in each country. The result of the multi-stage planning process was a regional strategy and action plan with "building block" country plans. The clearly established delineation of responsibilities facilitated an efficient response and support for the Liberia programme when the crisis intensified later in 2003. UNFPA also supported reproductive health interventions within humanitarian response programmes in the Southern African region (Lesotho, Malawi, Swaziland and Zambia) and capacity-building for the Regional Inter-Agency Support and Coordination Office.

68. In Kosovo, Serbia and Montenegro, considerable efforts were made to establish a strategic framework for UNFPA responses to the development challenges. The process combined lessons learned from years of humanitarian responses. UNFPA successfully mobilized financial support from the Government of Germany for implementing the strategic framework in 2004-2005. In addition, the

Government of Sweden undertook a commitment to support a Demographic and Health Survey, which constitutes part of the framework.

69. In May 2003, UNFPA conducted a contingency planning exercise in Quito, Ecuador, to help the country office and its implementing partners to prepare an emergency response in the event of natural disasters or man-made crises. In the Islamic Republic of Iran, after the earthquake in the city of Bam in December 2003, UNFPA responded immediately to protect women and girls and to reduce the vulnerability of pregnant women. The earthquake took the lives of an estimated 41,000 people, left 22,000 wounded and destroyed all three hospitals in the city. A United Nations Flash Appeal included two UNFPA proposals to provide reproductive health services to earthquake victims and to protect women and girls. UNFPA also provided a cash grant to the Ministry of Health and Medical Education for emergency medical and reproductive health supplies and supported the installation of sanitary facilities throughout the affected areas.

70. UNFPA is taking the lead on the Inter-agency Steering Committee (IASC) task force on HIV/AIDS and emergencies. Its participation led to the publication in early 2004 of the draft *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings*. UNFPA will take the lead role for coordinating field-testing of these draft guidelines in 2004. UNFPA continued its implementation and refinement of an integrated approach for HIV/AIDS/STI prevention and post-conflict rehabilitation in Sierra Leone, elements of which have also been carried out in the Democratic Republic of the Congo. This approach – developed and carried out in cooperation with the United Nations Department of Peacekeeping Operations (DPKO), UNAIDS, UNIFEM and NGOs – incorporates uniformed services, peacekeepers, demobilized personnel, civilian populations, refugees and internally displaced persons. The UNFPA contributions to HIV-prevention programmes targeting United Nations peacekeepers were highlighted in a Security Council briefing in November.

71. In 2003, UNFPA contributed to the first-ever, inter-agency global evaluation of reproductive health services. The global evaluation report will be published in mid-2004. UNFPA is taking the lead in an evaluation of worldwide delivery of the Minimum Initial Services Package of reproductive health services to refugees, and an analysis of financial resource trends for emergency reproductive health programming. The evaluation is due for publication in 2004.

72. As part of the United Nations emergency response system, in 2003, UNFPA supplied reproductive health kits valued at approximately $2.15 million to 59 emergency destinations. These shipments included provisions for other United Nations agencies, international organizations and NGOs. These organizations continued to utilize the procurement services provided by the UNFPA Global Contraceptive Commodity Programme to obtain reproductive health kits for their own relief efforts. As a result of the above provisions, displaced populations, particularly women, received reproductive health supplies in the form of pre-packaged kits to reduce maternal mortality and morbidity. Findings from the experience of shipping emergency reproductive health kits indicated that countries face logistical constraints with regard to timely customs clearance, inland distribution and proper storage. Because the collaborative effort among implementing agencies in the field is of utmost importance, partner agencies need to work closely to achieve overall strengthening of the in-country distribution mechanisms as well as to facilitate clearing and distribution of the goods in a timely manner.

7. Partnerships

73. Throughout 2003, UNFPA was involved in partnerships with a variety of development partners. For example, by working with and strengthening civil society coalitions at the country level, UNFPA was tackling the issue of discrimination and gender-based violence (see also the section below on "Gender"). The aim is to see that mechanisms are set up at national and subnational levels to monitor gender-based violence, including trafficking of women and girls, and to ensure that discriminatory provisions against women and girls are removed from legislation. The Fund is focusing on gatekeepers – community and religious leaders, husbands and partners – to ensure that they actively support and promote gender equality, women's empowerment and reproductive rights.

74. The "Men as Partners" project in Fiji has promoted the concept of inclusion of men in responsible decision-making related to reproductive health and, especially, family planning where condom use has been promoted among military groups and mine workers (see also the section on "Gender" for additional details on working in partnership with men).

75. In Bangladesh, the support of policy makers and religious and community figures as well as the mass media for gender- and reproductive health-related issues has led to an increase in understanding of reproductive health and reproductive rights among communities, youth and policy makers and to an increase in client-friendly attitudes among service providers. In addition, 200 Members of Parliament for the first time received orientation on reproductive health and rights, a landmark achievement. In December 2003, UNFPA, together with the Ministry of Religious Affairs, hosted a successful national conference for imams to motivate and train religious leaders in reproductive health, women's rights and HIV/AIDS.

76. In 2003, UNFPA continued its collaboration with the New Partnership for Africa's Development (NEPAD) and explored new approaches to address development challenges in Africa. The Fund supported preparation of a programme guide on the linkages among the ICPD Programme of Action, the Millennium Declaration and NEPAD. UNFPA also undertook various activities with parliamentarians, working closely with national, regional and global parliamentary groups through participation in their meetings and providing funding, technical, logistical and other support to their activities. UNFPA also supported field-observation missions for donor country parliamentarians, which contributed to increased commitment by the concerned donor Governments. As a follow-up to the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action, that took place in 2002 in Ottawa, UNFPA launched an email newsletter specifically targeted to parliamentarians, entitled *Global Population Policy Update*. The newsletter focuses on two themes that parliamentarians are best positioned to address, namely, creating an enabling policy environment at the national level and meeting the ICPD resource goals.

8. South-South cooperation

77. In 2003, UNFPA continued to promote South-South cooperation as an integral strategy for implementing the goals of the ICPD Programme of Action and for achieving maximum impact with the limited resources available. UNFPA supported the exchange of best practices through a variety of mechanisms, including promoting integration of South-South activities in country programmes and supporting innovative activities at subregional, regional and global levels. In Mauritania, for example, South-South cooperation took the form of short-term training, research and study tours as a capacity-development and advocacy strategy to improve the delivery of the national population and reproductive

health programme. In 2003, five medical doctors and 15 health-care providers from Mauritania received training in Morocco. They in turn will impart cascade training. Mauritanian government officials and UNFPA Representatives visited Tunisia to discuss strengthening South-South cooperation through tripartite cooperation among Mauritania, Tunisia and Japan, paving the way for the signing of a protocol of agreement between Mauritania's Ministry of Health and Tunisia's National Family Planning Office on technical cooperation in the area of reproductive health and gender. In addition, Mauritania collaborated with Mali in the area of access to quality reproductive health services for adolescents, including attention to HIV/AIDS prevention.

78. UNFPA also supported South-South cooperation through its technical assistance to the Forum of African and Arab Parliamentarians on Population and Development for developing standard legislation on reproductive health, already adopted by some African countries. In Latin America, the third UNFPA programme of assistance to Brazil (2002-2006) aims at promoting technical cooperation in Latin America and the Caribbean and in Portuguese-speaking developing countries in the areas of population and development strategies, reproductive health and HIV/AIDS prevention and treatment, drawing on Brazil's extensive expertise in these areas. Thus far, Brazilian experts have conducted missions to Haiti, on integrating adolescent reproductive health activities; to Central American countries, on masculinity issues; and to Paraguay, on expanding and decentralizing the national HIV/AIDS programme. Critical challenges facing South-South cooperation relate to the lack of resources to fund activities, the lack of a database on existing expertise and competencies at the country level and the absence of formalization of partnerships through protocols and agreements.

79. In addition, UNFPA continued its collaboration with Partners in Population and Development, supporting the launching of panel discussions and subsequent publications on four topics: population and MDGs; family planning, reproductive health and development; empowerment of women, and population and HIV/AIDS. These discussions made a valid case for the developing nations and the international donor community to pursue the nexus between the agendas of the ICPD and the MDGs. UNFPA CSTs were instrumental in assessing the availability of technical expertise, analysing and disseminating lessons learned, best practices and replicable models in South-South cooperation.

B. Population and development

1. Population dimensions incorporated into development policies and plans

80. The integration of population and development linkages in national and sectoral policies and plans is essential for development and poverty reduction. In line with its strategic direction, UNFPA in 2003 focused more attention on the incorporation of population dimensions into development policies and plans, including SWAps and PRSPs, to address the overall goal of poverty reduction. UNFPA supported countries' efforts to confront crucial issues such as HIV/AIDS and population dynamics, which have an impact on sustainable development and poverty reduction, and to collect and use disaggregated data.

81. In 2003, UNFPA continued to facilitate policy dialogue and strengthen national capacities to integrate issues such as gender, migration and ageing into poverty-reduction strategies. In Africa, for example, UNFPA assisted the following: Benin, in policy-making and legislation (see box below); Cameroon, in integrating maternal mortality and HIV/AIDS issues into the PRSP; Mozambique, in formulating and beginning the implementation of a national population policy action plan as an integral component of the country's poverty reduction action plan; and Zimbabwe, in adopting a reproductive health policy for guiding public and private sectors in implementing effective reproductive health

programmes. In Asia, for example, UNFPA supported the formulation of a social development policy in the Indian state of Kerala and the development of a gender equity policy in the state of Gujarat. In the Lao People's Democratic Republic, the Government initiated a revision of the population and development policy to incorporate emerging issues such as adolescent reproductive health, HIV/AIDS and reproductive rights.

82. In Latin America and the Caribbean, UNFPA facilitated the incorporation of gender and population issues in Bolivia's economic and social development plan as well as in the Bolivian PRSP. UNFPA assisted Honduras in integrating reproductive health issues into the health-sector reform by ensuring the inclusion of key reproductive health services as part of the minimum service package. Another key achievement in that region was the regionalization of the global "Adapting to Change" course on incorporating reproductive health in health-sector reform. This initiative is a partnership between the World Bank Institute, UNFPA and PAHO, working through a secretariat based in Mexico City and composed of the Population Council and the Mexican Foundation for Health. The aim is, through training, to form a critical mass of advocates – policy makers, technical specialists, NGO activists, parliamentarians and other civil society partners – that will continue to work at the country level.

Box 5. Strengthening the legislative and policy framework in Benin

In Benin, under the UNFPA-assisted fifth country programme (1999-2003), support was provided to help develop important legislative and policy documents, including the national policy on women's promotion and its plan of action; a national youth policy; the reproductive health services policy, rules and standards; the national programme in reproductive health; national strategies on reproductive health commodities security; and legal documents, including the code of persons and family; a law related to reproductive health; and a law related to the practice of female genital cutting. In addition, UNFPA supported the efforts of members of Benin networks of African Women Ministers and Parliamentarians and of Parliamentarians on Population and Development, which proposed legislation related to reproductive health and HIV/AIDS to the National Assembly.

83. Increased availability and use of data. Throughout 2003, UNFPA continued to maintain partnerships with the United Nations Statistical Division and PARIS21 and provided support for country census initiatives. UNFPA also contributed to the organization of an international expert group seminar on population census data dissemination and use in Pretoria, South Africa, attended by experts from 40 countries (mainly from Africa), specialized agencies, UNFPA CSTs and donor countries.

84. In Africa, UNFPA led the successful undertaking of a census in the Central African Republic. In Asia, UNFPA supported the field-work for the first phase of the Afghanistan census, namely the Household Listing Survey, the first national enumeration in almost three decades and a milestone achievement for the Afghan Central Statistics Office. In Bhutan, UNFPA engaged in high-level policy dialogue to leverage government support and commitment to conduct a census; UNFPA also supported preliminary technical preparations. In the Islamic Republic of Iran, UNFPA assistance helped to strengthen the national and provincial capacity for collecting, analysing and using gender-disaggregated data through training activities at the Statistical Centre and to develop indicators to monitor progress in achieving ICPD goals and MDGs. Also in the Islamic Republic of Iran, UNFPA assistance contributed to the establishment of an international graduate programme in population and development studies at Shiraz University. In Latin America and the Caribbean, within the international donors' funding group, UNFPA played a leadership role and provided the main technical expertise for Haiti's 2003 census.

85. In 2003, 19 countries with UNFPA-assisted programmes reported for the first time the existence of a national database of sex-disaggregated population-related data. In total, 71 countries reported that

such a database existed, although the composition of these databases varied greatly: some were comprehensive and centralized; others were a collection of data sets with census or demographic and health survey information. Whereas more than 70 per cent of the countries reporting responded that most data contained in the databases had been disaggregated by sex, age and rural/urban categories, only 20 per cent noted that most data were income-disaggregated. It is vital to increase the availability of income- and gender-disaggregated data so as to be able to assess the impact of development and poverty-reduction interventions on the poor.

86. The use of data, particularly in planning, monitoring and evaluation of development and poverty-reduction efforts and of progress towards ICPD goals and MDGs, is a priority in UNFPA programmes. For example, in Indonesia, UNFPA provided support to create a district-level database and to ensure that the data were used effectively in advocacy and policy dialogue with district authorities, particularly in the formulation of local regulations and in development planning. In Pakistan, UNFPA supported similar efforts to analyse data to illustrate planning and resource requirements. Census and demographic and health survey data were used in research studies about population issues to support evidence-based policy, decision-making and development planning efforts in Benin, Fiji, Gambia, Guatemala and Honduras. In Turkmenistan, UNFPA supported the expansion of the gender database to the subnational level. The importance of using sex-disaggregated data in all stages of planning processes was emphasized in the training of ministry and other government officials in the operation of the database. In Kenya, UNFPA worked in close partnership with several United Nations agencies to develop a joint work-plan to support the Central Bureau of Statistics in creating databases and indicators for monitoring and evaluating the MDGs and the National Population Programme. UNFPA also supported the 2003 Kenya Demographic and Health Survey, the publication of eight census monographs and the development of 15 strategic action plans for the implementation of population policy at district levels.

87. Global survey. As part of the 10-year review process of the implementation of the ICPD Programme of Action (adopted by 179 countries in Cairo, Egypt, in 1994), UNFPA conducted a global survey in 2003 to assess the progress achieved, including lessons learned, and the constraints encountered at the country level. All developing and developed countries were sent a questionnaire that focused on issues relating to population and development; gender equality, equity and empowerment of women; reproductive rights and reproductive health; behavioural change and advocacy; data and research; partnership and resources; and indicators. The survey revealed that national progress since the ICPD is clearly visible at policy, operational and programmatic levels. However, progress is not uniform across countries, regions or programme areas. Wide variations exist in national action, the scale and reach of interventions and the amount of resources allocated.

88. Key findings of the global survey include the following: increase in awareness and ownership of the ICPD agenda by countries in all regions; confirmation that countries are implementing the ICPD Programme of Action in an incremental way focusing first on priority concerns; confirmation that countries have adopted the concepts of reproductive health and reproductive rights; increase in efforts to integrate family planning services in reproductive health; increase in attention given to safe motherhood issues in the policy agenda; increase in the involvement of stakeholders, including civil society, in programme policies and planning; and recognition that attaining the ICPD goals is vital to achieving the MDGs. The global survey indicates that in the first decade after ICPD a solid foundation has been built for implementing the ICPD Programme of Action. However, continued commitment and increased resources must be mobilized to ensure that the ICPD goals are achieved.

2. Population dynamics and demographic trends

89. Both the ageing of populations and migration constitute important demographic trends in themselves and in their effect on efforts to reduce poverty. Although the Millennium Declaration made no specific reference to older persons, meeting the MDG goal of halving the proportion of people living in extreme poverty by 2015 would require that development frameworks and poverty-reduction strategies address the concerns of the elderly, many of whom live in poverty.

90. Ageing. Population ageing is an emerging issue of concern to both developed and developing countries and requires more systematic attention from the international community. In 2003, UNFPA continued to provide technical guidance and financial support to the International Institute on Ageing in Malta, which trains policy makers from developing countries to build national capacity to address the challenges of population ageing. UNFPA also provided support to the International Programme for Policy Development and Capacity Building in Population Ageing in Developing Countries, established in collaboration with Columbia University. Active in the follow-up to the Second World Assembly on Ageing, UNFPA participated in the expert group meeting on modalities for the review and appraisal of the Madrid International Plan of Action on Ageing, convened by the United Nations Programme on Ageing. In its advocacy work, UNFPA drew attention to the speed of population ageing and its health and social implications with a focus on the needs of the older poor, especially women. The Fund advocated addressing the needs of older persons in country programming processes, including poverty-reduction strategies. UNFPA reviewed its support in the area of population ageing as part of broader population and development strategies.

91. In 2003, one major constraint was that population ageing was not always accorded high priority in national development agendas. There was also a lack of multi-stakeholder policy dialogue and of policy tools to facilitate the implementation of policies and programmes addressing the concerns of older persons. Another constraint was insufficient funding. Much more advocacy work and capacity-building are needed to prepare developing countries for the social, health and economic consequences of population ageing. In Latin America and the Caribbean, for example, ageing will become a significant challenge over the next decades and is therefore a key strategic topic to be considered in current policy design and formulation. UNFPA has been an active member of the Inter-Institutional Group on Ageing, a group formed by ECLAC, UNFPA, PAHO/WHO, IADB, the World Bank and the United Nations Department for Economic and Social Affairs (DESA) to translate the Madrid Plan of Action into a regional strategy that can, in turn, be adopted by countries as the framework for policy development.

92. Migration. UNFPA continued to support country capacity-building for formulating migration policy, principally through the International Migration Policy Programme's regional and subregional seminars for mid-level government officials. This support was provided collaboratively with UNITAR, the ILO and the International Organization for Migration (IOM). UNPFA worked at the global level to support countries through creating partnerships and creating awareness among donors on the need to support data collection activities. The Fund provided technical support and built capacity, including producing tools and guidance, and organizing seminars, for example, on censuses.

C. Gender

93. Achieving gender equality and empowering women are indispensable to achieving the MDGs. The status of women must be improved in order to achieve reproductive health, reduce poverty and promote sustainable development. Gender issues are mainstreamed throughout UNFPA programmes in both reproductive health and population and development areas. In 2003, UNFPA continued to support work to address structural and cultural barriers to equality and empowerment in the context of a rights-

based approach to development. This entails the creation of an enabling environment that promotes gender equality in laws, practices and policies, as well as in education and political decision-making. It also entails culturally sensitive programming.

94. UNFPA experience indicates that constraints to gender mainstreaming that derive from social and cultural systems and structures cannot be overlooked or underestimated. Indeed, programmes that take cultural factors into account are able to generate a supportive environment for advocacy and service delivery and achieve better positioning for the ICPD Programme of Action. With a win-win strategy and targeted collaboration, UNFPA has found that traditional and religious leaders are open to discussions on the ICPD Programme of Action and willing to partner with UNFPA and other stakeholders in a number of areas, if approached with care and sensitivity and provided with evidence-based information. Furthermore, during any sensitization process, it is important to clarify that UNFPA does not make value judgements on cultures; rather, it has a strong position on specific harmful practices violating women's health and rights.

95. In 2003, with a view to strengthening the capacity of the Fund to mainstream culture, gender and human rights into its policies and programmes, UNFPA prepared conceptual frameworks on the human rights-based approach and on culturally sensitive approaches to programming, laying the groundwork for strengthening the linkages between culture, gender and human rights in the intercountry programme, 2004-2007. The Fund's culture group, formed in May 2003, organized its first meeting in September in Beirut to initiate dialogue on culturally sensitive programming. UNFPA gained recognition and encouragement to pursue its work on culturally sensitive approaches within the human rights framework, with funding from the German, Swedish and Swiss Governments.

96. Two recent UNFPA publications, *Culture Matters, Working with Communities and Faith-based Organizations: Case Studies from Country Programmes* and *Working from Within: Culturally Sensitive Approaches in UNFPA Programming,* review and highlight culturally sensitive approaches used in UNFPA-supported programmes in Brazil, Cambodia, Ghana, Guatemala, India, Islamic Republic of Iran, Malawi, Uganda and Yemen. Lessons learned show that cultural sensitivity demonstrated by programme staff, in designing programmes and advocacy campaigns using local knowledge, leads to higher levels of programme acceptance and ownership by the community and programme sustainability. Using culturally sensitive approaches can reduce resistance to implementing the ICPD Programme of Action and create windows of opportunity for further progress.

97. In the area of poverty alleviation and women's economic empowerment, UNFPA continued its support to the Microcredit Summit Campaign for integrating reproductive health and reproductive rights issues into its training programmes for microfinance practitioners. In 2003, UNFPA helped lay the foundation for expanding partnerships within the United Nations system and with NGOs in this area by working with the International Fund for Agricultural Development (IFAD) and NGOs to obtain a grant from the United Nations Foundation. The grant proposal links the comparative advantages of UNFPA in reproductive health, including family planning and sexual health, and in HIV/AIDS, to those of other partners, such as IFAD in microcredit.

98. In 2003, at the inter-agency level, UNFPA worked to advance the Secretary-General's Human Rights Plan of Action "Strengthening human rights related United Nations action at country level: National protection systems and country teams", developed in response to action 2 of the Secretary-General's reform agenda. UNFPA was actively engaged in the inter-agency processes on the human rights-based approach initiative and contributed to forging a common understanding of a human rights-

based approach to development cooperation. In response to General Assembly resolution 52/100, which requested all bodies of the United Nations system to mainstream gender in the budget process, UNFPA organized a workshop on gender mainstreaming, which introduced the idea of gender budgeting to headquarters staff. UNFPA assisted with a workshop, gender in MDGs, organized by the Inter-agency Network on Women and Gender Equality in partnership with OECD, and held at the World Bank. UNFPA also made a presentation on the linkages between population, gender and the MDGs at the annual meeting of the Cairo Demographic Centre.

99. Gender-based violence. Gender-based violence is a global issue that has specific manifestations in individual countries. It is an issue that all countries need to address. Gender-based violence takes many forms, both within and outside the family, including sexual abuse and rape, physical and psychological violence and harassment, trafficking, and harmful practices such as female genital cutting or "honour crimes". In 2003, eight countries with UNFPA-assisted country programmes adopted or revised national policies or plans to combat gender-based violence (Burundi, Dominican Republic, Kazakhstan, Kyrgyzstan, Lesotho, Morocco, Peru and South Africa). An additional 15 countries reported that they were developing policies and plans to reduce gender-based violence. In 2003, UNFPA intensified efforts to ensure that the programmes it supports provide for adequate management of the health consequences of gender-based violence at the primary health care level. The proportion of countries with UNFPA-assisted programmes supporting the development of protocols for gender-based violence more than doubled between 2002 and 2003, reaching 45 per cent.

100. During 2003, UNFPA was increasingly engaged at the policy level in supporting the development and enforcement of laws prohibiting all forms of gender-based violence. For example, in Kenya, UNFPA embarked on joint advocacy activities with the Federation of Women Lawyers (Kenya Chapter) and parliamentarians. In Yemen, UNFPA supported research on violence against women to provide, inter alia, the evidence base for legal, political and social advocacy efforts among policy makers and planners. UNFPA helped Timor-Leste develop a law on domestic violence in 2003. In the Dominican Republic, UNFPA provided support to the Ministry for Women to formulate a law on trafficking of persons, which pays special attention to women and girls.

101. UNFPA participated in the Inter-agency Network on Women and Gender Equality and the OECD annual meeting to discuss the role of donors and strategies for gender mainstreaming in conflict and post-conflict situations. A needs assessment mission to the Occupied Palestinian Territory concluded that addressing gender-based violence was an important area for future UNFPA support. Through advocacy and networking, a UNFPA-supported multi-country project on laws on gender-based violence and adolescent reproductive rights helped put the subject of gender-based violence on the national agendas of Morocco and Algeria.

102. UNFPA is supporting the piloting of "A Practical Approach to Gender-based Violence: A Programme Guide for Health-care Providers and Managers" in 10 countries, namely, Cape Verde, Ecuador, Guatemala, Lebanon, Lithuania, Mozambique, Nepal, Romania, Russian Federation and Sri Lanka. Experience from the pilot phase indicates, inter alia, that a sizeable number of women were screened for gender-based violence and that clients identified as victims of gender-based violence received on-site or referral services. However, there was also evidence of incomplete screening, passive resistance, negative attitudes among providers, and a reluctance of clients to seek referral services out of fear or lack of information. As a result, recommendations have been made to improve the guide, strengthen referral services and sensitize government personnel.

103. Trafficking in women and girls. Trafficking in women and girls is a major element of gender-based violence. In 2003, UNFPA followed up on the recommendations of a 2002 workshop on trafficking by preparing a conceptual framework on trafficking which demonstrates linkages with the UNFPA mandate, particularly with regard to reproductive health and women's empowerment. UNFPA prepared briefs for its field staff, CST members and other staff on specific aspects of trafficking. UNFPA also continued its work at the inter-agency level, for example, with IOM in Bosnia and Herzegovina on a counter-trafficking project, to provide reproductive health services for trafficked girls and women waiting to return to their countries of origin.

104. Advocating for girls' education. Consistent with the ICPD Programme of Action, UNFPA in 2003 continued to advocate for basic education, especially girls' education, to ensure that it remained high in national and interregional agendas. Girls' education has been a major item in the policy statements of the Fund's senior management and was proposed as one of the key issues for monitoring in the UNFPA guidelines on annual reporting from country offices, with emphasis on ensuring the integration of girls' education into interregional, regional and country programmes.

105. In 2003, UNFPA-supported programmes monitored the adolescent fertility rate as an indicator of girls' situation in many countries. Countries with high rates were found to have limited accessibility, especially among girls, to basic social services, including reproductive health information, counselling and services, and to have wide gender disparities in education. UNFPA-supported programmes also gave special attention to marginalized adolescents and those who are hard to reach, especially girls. The campaign against fistula is an example of how UNFPA has addressed the needs of adolescent girls affected by severe lack of access to reproductive health services, extreme poverty and a lack of educational and economic opportunities. Initiatives on HIV prevention emphasized the need to educate girls and give them the skills needed to reduce their vulnerability to STIs, including HIV, and to cope with their social realities, which often include violence and discrimination.

106. Working with men. The ICPD agenda focuses on improving reproductive health, including family planning and sexual health, for both women and men. Current gender relations tend to give men power over women in ways often detrimental to women's health and well-being. Redressing this requires both empowering women and enabling men to recognize their responsibility and the ways in which asymmetrical gender relations can also have negative consequences for men. Partnership with men in reproductive health, including family planning and sexual health, can produce a variety of social and community benefits, such as reduced risks and vulnerabilities for spreading HIV and other STIs, fewer early marriages and a reduction in gender-based violence. For men, the benefits include increased contraceptive use and higher rates of diagnosis and treatment of HIV, STIs, cancers, infertility, sexual dysfunction and other health problems.

107. Several challenges may be encountered in working with men. One challenge has been to ensure that partnering with men does not further disempower women by, for example, betraying confidentiality or inadvertently encouraging men's sense of sole decision-making power instead of the reverse. More generally, convincing men that they should not subject their daughters or sisters to forced marriage or to female genital cutting, or that they should share with their spouse decision-making concerning child-spacing, implies that men are willing to change their traditional attitude and behaviour toward their spouse. Resistance is likely to occur, at least initially. "Conflict resolution" is an umbrella term for approaches that recognize that conflict is not unusual and need not be destructive. At its best, conflict resolution is a way of turning difficult situations into learning opportunities, of fostering self-awareness, teaching practical skills, creating trust and building a safe environment while solving specific problems.

Research and evidence from the field show that leaders can reduce resistance by being openly supportiv in partnering programmes. Such programmes are likely to be effective when the work is with men wh are receptive to change and who are already sharing reproductive choices with their partners

108. In 2003, UNFPA funded a variety of projects involving men. In a Muslim community Thailand where women and adolescents faced constraints in learning about reproductive health, UNFP funded a project to promote adolescent reproductive health with the cooperation of the Provincial Islami Council, the local *ulamas* and peer educators. In the Dominican Republic, almost half a million men wer reached by barbers who were trained to spread messages about the prevention of STIs and HIV/AIDS distribute condoms; refer men with STIs to clinics for treatment; and counsel men on reproductive healt issues.

109. UNFPA funded experimental projects on reproductive health, including family planning an sexual health, with the military in Africa, Asia, Eastern Europe and Latin America. These projects hav indicated that the armed forces are quite receptive to including behaviour change communication in thei training and to providing reproductive health, including family planning and sexual health, in their healt delivery system. In 2003, UNFPA published the results of a comparative study undertaken of nin country experiences under a Sida-supported interregional project, "Improving Gender Perspectives Reproductive Health and HIV/AIDS Prevention through Stronger Partnership with the Military." Th study identifies lessons learned, including the importance of collaboration between the military sector an others, including civil society organizations, in addressing reproductive health and gender issues.

110. Partnering with civil society. It is important that UNFPA continue to expand its partnerships wit civil society, including NGOs, in assisting countries in implementing the ICPD Programme of Action Frequently, NGOs are at the cutting edge of development work pertaining to women's empowerment an other gender issues. NGOs have played a key role in drawing attention to such issues as gender-base violence and in promoting women's rights as human rights. These issues need further attention in th form of strengthened political will, greater institutionalization and adequate resources. The monitoring critiquing and creative efforts of many NGOs to promote the goals of the ICPD remain important especially with regard to the sensitive issues of reproductive health and rights. UNFPA is in the unique position of being able to reach high-level decision-makers, nationally and internationally, and to facilitate bringing together both governmental and civil society organizations to promote and "buy into" mutually acceptable policies and programmes for implementing the ICPD agenda.

111. In 2003, UNFPA continued to forge partnerships at many different layers of civil society including NGOs and the private sector, religious leaders, parliamentarians, local government officials and the media. For example, in Benin, more than 10 NGOs and religious associations participated directly in implementing the UNFPA-assisted programme. In the Islamic Republic of Iran, gende network groups, with 1,180 women and men representatives from governmental and non-governmenta organizations, were advocating on behalf of gender/reproductive health issues in their communities.

III. WORKING TOWARDS ORGANIZATIONAL EFFECTIVENESS

112. In recent years, UNFPA has adopted a more focused approach to the issue of organizationa effectiveness. UNFPA considers organizational effectiveness to include the way the organizatio improves the performance of its structures, systems and internal processes to contribute to th development results that the organization has set for itself. UNFPA management is committed t addressing the issue of organizational effectiveness in a comprehensive way, given that the Fund's

contribution to development results depends upon the efficient performance and increased accountability of the organization as a whole and of its constituent parts.

113. During 2003, UNFPA continued its efforts to institutionalize results-based management throughout the Fund. The Fund's 18-month transition exercise, which concluded in December 2002, produced new results-oriented approaches in human resources, knowledge sharing, learning and training, and financial management that are now being incorporated into the Fund's processes and systems. Progress in operationalizing these approaches has been achieved by developing planning tools and guidelines, providing staff orientation and training, and carrying out systematic monitoring and results-based reporting. Between October 2003 and January 2004, UNFPA implemented 91 three-day training workshops to orient all staff members on the changes brought about by the transition exercise and the opportunities and responsibilities that resulted from it. As a result of the training, staff members' understanding of the transition outcomes and the Fund's strategic direction increased significantly. Notwithstanding the progress made so far, UNFPA recognizes that mainstreaming results-based management takes time.

114. Increased organizational effectiveness has been an important outcome of implementing the first MYFF, 2000-2003. The MYFF has proved to be a strategic planning and management tool for UNFPA. The MYFF helped to produce a marked improvement in data collection by, inter alia, establishing baselines for indicators; improving data analysis and reporting; and fostering the emergence of a monitoring culture within UNFPA. The MYFF also helped to improve programme delivery at the country level by encouraging a more focused response to specific population and reproductive health trends and issues and building national capacity in results-based planning and monitoring.

115. The Fund's second MYFF, 2004-2007, approved by the Executive Board in January 2004, emphasizes managing-for-results and monitoring to ensure that UNFPA efficiently uses its human and financial resources, practices and systems to improve its performance in contributing to the development results specified in the MYFF. UNFPA is preparing a medium-term managing-for-results framework to complement the MYFF strategic results framework and to focus more specifically on key management dimensions necessary to achieve results. The framework will identify a set of indicators to allow UNFPA managers to track and report on progress in the key results areas. The framework will also serve as a medium-term reference for setting the organization's annual priorities and will guide the development of office management plans through which individual units would be able to plan for and monitor their increased effectiveness. Internal discussions are under way to identify performance indicators and concrete benchmarks to gauge progress in organizational effectiveness. This internal consultation process will increase the UNFPA staff's sense of ownership and buy-in of the framework.

116. Launched in January 2004, the Enterprise Resource Planning (ERP) system, named ATLAS, will help UNFPA to strengthen organizational effectiveness. UNDP, UNFPA and UNOPS partnered in purchasing this software. It is the largest system implementation project undertaken by UNFPA. ATLAS will integrate all of the Fund's processes and information into one web-based system, increasing accountability and efficiency. Financial accounting, human resources, payroll and procurement, among others, are being supported by the first wave of ATLAS. This will help the Fund to improve financial management, strengthen links between headquarters and the field, increase transparency and efficiency, and link results with resources. Subsequent phases of ATLAS will emphasize programme and project management and the tracking of the Fund's organizational effectiveness. In 2003, extensive training provided staff with the basic skills to use ATLAS. Since then, continual refresher training has been helping to build a pool of ATLAS trainers in the field and at headquarters.

A. Resource mobilization and monitoring of resource flows

117. UNFPA has a key leadership role in mobilizing resources for population and reproductive health programmes, both for itself and for the field as a whole. To fulfil its mandate to monitor both international assistance and domestic financial resources for such programmes, including progress towards achieving ICPD resource goals, UNFPA in 2003 continued its collaboration with UNAIDS and the Netherlands Interdisciplinary Demographic Institute (NIDI) in the collection, analysis and dissemination of information on resource flows. This collaboration enabled UNFPA to prepare the annual *Financial Resource Flows for Population Activities* report and the report of the Secretary-General on the flow of financial resources for the implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2004/4), submitted to the Commission on Population and Development at its thirty-seventh session in March 2004.

118. As noted in the above-mentioned report of the Secretary-General, despite a steady but slow increase in resources for population over the last 10 years, the ICPD target of mobilizing $17 billion by the year 2000 was not met. To reach the $18.5 billion target for 2005, the international community would have to allocate a larger share of official development assistance (ODA) to population activities and increase the levels of aid overall, and developing countries would have to mobilize additional domestic resources. It is estimated that, in 2003, donor funding for population activities stood at just over $3 billion, and domestic resources at $11.7 billion.

119. As underscored in the report, the increase in global funding to HIV/AIDS activities, the recent commitments by donors to increase ODA to developing countries in the context of the Monterrey Consensus and the 5 per cent recovery in development aid in 2002 show that it is possible to increase resources substantially to meet required targets. Some countries are already providing 4 per cent of ODA to population, indicating that, given the will, this would be feasible for all donors. Enhancing the role of the private sector in mobilizing resources for population and development is a key area requiring further attention. Also, civil society, especially NGOs, can play an important role in monitoring population expenditures and trying to ensure that Governments achieve financial targets and equity objectives.

120. In 2003, UNFPA and UNAIDS worked closely on refining data-collection methodology, enhancing coverage and increasing consistency in reporting between organizations. UNFPA and NIDI joined the UNAIDS Global Consortium on Resource Tracking to liaise with the growing number of organizations involved in data collection in an effort to coordinate methodologies, identify gaps and avoid duplication. Following an external evaluation of the resource flows project, UNFPA, in close collaboration with UNAIDS, plans to broaden project objectives in the new project cycle 2004-2007 to go beyond measuring commitment to ICPD and HIV/AIDS resource goals. New areas of focus envisaged for the project are equity considerations, including assessing which groups in society are benefiting from the resource flows; and capacity-building to use resource flows data in policy-dialogue and country-programming processes, including poverty-reduction strategies.

121. UNFPA identified several major constraints in monitoring resource flows data, among them the difficulties of producing real-time estimates; capturing funding originating at lower administrative levels in countries with decentralized systems; estimating the population component in integrated projects and SWAps; capturing private-sector and out-of-pocket expenditures; and institutionalizing data collection and ensuring its sustainability at the country level.

B. Human resources strategy

122. In 2003, UNFPA began implementing the human resources strategy that had been approved by the Executive Board at its second regular session 2002. UNFPA developed an organizational competency framework, a cornerstone of the human resource strategy, and implemented the country office typology, which defined staffing levels according to country programming needs. UNFPA also implemented a host of training activities during the year, including the transition-implementation workshops, the orientation workshop for Junior Professional Officers, the e-learning course on United Nations basic security in the field and training workshops on the ERP system. In addition, in collaboration with the World Bank Institute, UNFPA organized a training course, held in Turin, Italy, on poverty reduction, health reform and reproductive health.

123. Competency framework. The Fund finalized the new performance appraisal and development system in 2003, thereby taking a decisive step towards the implementation of a competency-based performance management system. The performance appraisal and development system provides a comprehensive method to evaluate concrete results and the required competencies for each post. In addition, it allows for feedback from different sources and a so-called 360-degree evaluation of most staff members. The pilot phase for implementing the performance appraisal and development system was initiated in 2003. Early indications from the pilot phase suggest that the system will have considerable impact on management style and programme implementation. The system requires managers to be closely involved in the work and career planning of their staff. Supervisors are encouraged to adopt a consultative management style. The 360-degree evaluation allows staff to give feedback on their managers. It is expected that the new system will lead to better staff-management relations and to a more motivated and effective UNFPA work force.

124. In line with its efforts to base the entire human resources strategy on competencies and to keep up to date with developments in the field of job design, UNFPA began in 2003 to reformulate terms of reference for all UNFPA posts. Job descriptions and advertisements will no longer be listings of duties and responsibilities but results-oriented functional statements reflecting the expected outputs of posts rather than the required inputs of the incumbent. In 2003, UNFPA greatly increased the use of competency-based selection tools, making it compulsory for first-time representatives, deputy representatives and applicants for senior posts with supervisory functions to undergo a selection process that includes an assessment by an outside company that specializes in this area. In addition, competency-based interview guides that cover all career streams in UNFPA were developed and widely used by interview panels. Staff in the Division of Human Resources underwent special training in competency-based interviewing, and a larger core of headquarters and senior field-based staff is undergoing the same training.

125. These initiatives have helped the Fund to streamline its human resources management. In particular, results are visible in the staff selection process. By providing a clear competency profile for each post and a standardized interview process, UNFPA has been able to enhance the efficiency and effectiveness of the selection process. For example, there has been a marked improvement in the focus and goal orientation of the interview panels. The standardization of the interview process has also resulted in greater transparency and fairness in the staff selection process.

126. Country office typology. In 2003, UNFPA focused on implementing the country office typology. After the basic structure of the new typology was agreed upon, country offices were instructed to initiate a process that consisted of three basic steps: defining post profiles in the country office; matching staff

against the new post profiles; and adjusting staffing to new requirements, by either confirming staff members in new posts or separating staff members and recruiting new staff. Each step of the implementation was closely monitored. One clear result of the new typology is that human resources are being allocated on the basis of specific country needs. Thus, adjustments have been made to increase human resources in some offices and reduce them in others. The goal is to enable UNFPA to implement its programmes in an efficient and targeted way and to meet client needs.

127. Policies and procedures. During 2003, in line with its commitment to develop new human resources policies and procedures and to update and streamline existing ones, UNFPA continued the implementation of a policy for HIV/AIDS in the workplace; developed a separation policy for staff affected by the typology implementation, an exercise that will provide useful experience for the design of a Fund-wide separation policy; and drafted a new rotation policy. In this context, UNFPA decentralized the recruitment of international consultants to country offices. In 2003, the Executive Board in decision 2003/13 recommended to the General Assembly, through the Economic and Social Council, that formal authority in matters of UNFPA personnel be delegated by the Secretary-General to the Executive Director. In the same year, the General Assembly, at its fifty-eighth session, decided that formal authority in matters of personnel of UNFPA shall be delegated by the Secretary-General to the Executive Director of UNFPA.

128. Overall, the new human resources policies and strategies will enable UNFPA to adapt flexibly to a changing environment and to readily meet future challenges. At the same time, the new policy initiatives will contribute to enhancing staff well-being.

C. Results-based quality programming

129 With the establishment of the Fund's results-based management policy in December 2002, UNFPA has made concerted efforts to establish and/or strengthen systems to plan, monitor and evaluate programme results. Consequently, the focus on using the logical framework approach in designing, monitoring and evaluating country programmes has increased. This framework includes the establishment of baseline indicators and targets, and results-based programme management tools. The emphasis on training UNFPA staff and national counterparts in results-based management has also increased.

130. Monitoring and evaluation. Details of UNFPA results-based planning, monitoring and evaluation activities are contained the Fund's report on evaluation (DP/FPA/2004/12). A few highlights from that report are included here. By the end of 2003, 81 per cent of UNFPA-supported country programmes had logical frameworks that included baseline indicators; 80 per cent of all country office staff were familiar with the 14 tools of evaluation methodology and indicators prepared by the Fund's Division for Oversight Services; and 79 per cent of country office staff were actively using the tools. Greater attention was also being paid to conducting more systematic monitoring visits to the field. By the end of 2003, 60 per cent of country offices reported having developed a variety of checklists to improve the type of data gathered during field-monitoring visits.

131. Notwithstanding progress achieved in results-based monitoring and evaluation, certain challenges persist. These include: incomplete baseline data, unrealistic indicators, inadequate programme data, insufficient human and financial resources, and limited staff capacity and experience in results-based management. During 2004, UNFPA will further examine the quality of the Fund's evaluation activities

as well as the processes leading to the use of findings and the implementation of evaluation recommendations.

132. Knowledge sharing. The knowledge-sharing strategy of UNFPA was agreed upon in 2002 based on the results of the 18-month-long transition exercise to strengthen the Fund's capacity to work within the Millennium agenda and to plan and manage for results. The knowledge-sharing strategy drew upon the work of other organizations such as the World Bank and UNDP and evolved an approach that emphasized meeting the needs of UNFPA. Only by initially strengthening its own knowledge-sharing capacity can the organization credibly respond to the knowledge needs of its development partners. Knowledge sharing in UNFPA is defined in terms of answering three simple questions: (a) How do I (do something)?; (b) Where can I find examples?; and (c) Whom can I contact for help?

133. Following some experimentation, UNFPA has developed a new approach to consolidating experiential knowledge around a particular topic, called a "knowledge asset". Knowledge assets are living repositories of collective know-how. They are structured along the work processes of the target clients. The knowledge asset is developed by a structured question-and-answer approach to each topic. Each question has a consolidated answer, supported when possible by examples and the names of staff that have actual experience in a particular operational area. Based on this approach UNFPA developed its own tool named the knowledge asset development system (KADS) to help staff. In April 2004, UNFPA issued a circular to all field and headquarters staff providing a guideline for developing knowledge assets to support programme activities. Several knowledge assets are to be developed during 2004, including those on the following topics: HIV/AIDS; reproductive health commodity security; maternal mortality and morbidity; and data for development.

134. With the support of the Irish Government, UNFPA has developed a CD-based tool, based on KADS, called the portable knowledge asset development system (pKADS). Distributed at the World Summit for the Information Society, this tool can be downloaded through the UNFPA web site. The tool is available in English, French and Spanish; the Government of Jordan is developing an Arabic version. The knowledge asset development system is fully functioning for all staff to use, and a new information resources centre is being put in place so that all UNFPA-generated documents, publications and information materials will be available and easily searchable in one place to all staff globally and to the Fund's partners through the UNFPA web site.

135. In 2003, the potential for knowledge sharing became more widely understood, based on accumulated experience. UNFPA has set up a facility to share knowledge with its partners through the management of the Development Gateway Population and Reproductive Health Portal. Membership in this Internet portal has more than doubled in the past year and in March 2004 stood at 4,400 members. More than 60 per cent of the members are from developing countries. The portal has been an important platform for forging and strengthening alliances with the NGO community and with other population and reproductive health organizations.

136. The UNFPA web site has become one of the most important information and communication tools for the organization. In 2003, the web site was redesigned as a multilingual repository of advocacy materials, news and information. The web site has achieved wide recognition for providing high-quality programmatic content, news features, reports and publications, as well as for its design, architecture and navigational interface. In an average month, the UNFPA web site has about 3.5 million hits by 143,000 users who download 42.3 million kilobytes of information. The cost savings to the organization in terms of reduced printing and distribution are considerable.

137. Accountability. A coherent and transparent accountability system is an important aspect of results-based management. A "cascade" approach is being adopted to make UNFPA a more accountable organization. This system begins at the organizational level with the medium-term MYFF strategic results framework and the managing-for-results framework. The latter is currently being finalized. Annual organizational priorities will be drawn up within the context of these two frameworks. The priorities will be used to prepare the annual office management plans by all organizational units. Office management plans will identify the contributions to unit priorities and to overall institutional priorities and will permit each unit to gauge its performance through periodic reviews. Annual reports from all units will reflect the programme and managerial results achieved, and feedback will be provided.

138. The new performance appraisal and development system will facilitate the cascade approach by holding supervisors and individual staff members accountable for results and the achievement of performance standards defined in the competency framework, based on feedback from multiple sources. By using the performance appraisal and development system to set results and then measure performance, staff will be able to identify ways to improve performance.

139. Additionally, the implementation of ATLAS will strengthen and simplify the management and coordination of financial, programme and human resources, and will increase accountability, efficiency and transparency in business processes. Periodic internal and external audits of UNFPA units will indicate how satisfactorily the country offices have been managed, and audit recommendations will be systematically followed up.

140. To continue efforts to improve its oversight and accountability framework, UNFPA established three new organizational committees in 2003: the Oversight Committee, the Management Committee and the Programme Committee. The Oversight Committee was established to ensure the effectiveness of the organization's accountability systems and processes. The Executive Director chairs the Committee; its membership includes the Deputy Executive Director (Programme), the Deputy Executive Director (Management), the Director, Division for Management Services and the Director, Division for Oversight Services, as well as an external member, the Director of Internal Audit, UNICEF. The Management Committee was instituted to facilitate decision-making in the management area related to UNFPA operations, both at headquarters and in the field. The Deputy Executive Director (Management) chairs the committee; its members include senior managers representing the Fund's organizational units. The Programme Committee was created to facilitate the operationalization of the Fund's strategic direction and the promotion of results-based management in programme strategies and operations. The Deputy Executive Director (Programme) chairs the Committee; its members include senior managers from the Fund's organizational units. Additional details on the three committees are contained in the Fund's report on internal audit and oversight activities in 2003 (DP/FPA/2004/6).

141. In 2004 and beyond, UNFPA will continue to strengthen its internal processes for increased organizational effectiveness, focusing in particular on the five dimensions of managing for results outlined in the second MYFF, namely: the Fund's leadership role, results-based quality programming, excellence in human resources, knowledge sharing and learning, and accountability systems.

IV. RECOMMENDATION

142. **The Executive Board may wish to take note of the documents that make up the Report of the Executive Director 2003, DP/FPA/2004/9, Part I; Part I.Add.1; and Part II.**

United Nations DP/FPA/2004/9 (Part I, Add. 1)

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REPORT OF THE EXECUTIVE DIRECTOR FOR 2003: STATISTICAL OVERVIEW

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UNFPA IN 2003:

PROGRAMME AND FINANCIAL HIGHLIGHTS[1]

Pledges and contributions

- Regular income in 2003 totalled $293.1 million, an increase of 12.7 per cent compared to the 2002 income of $260.1 million. This includes $288.5 million in voluntary contributions, $2.6 million in interest income, and other contributions of $2.0 million.

- Pledges to UNFPA regular resources in 2003 totalled $288.5 million from donor Governments and private contributions from the Mars Trust and the 34 Million Friends campaign. This is $38.5 million, or 15.4 per cent, more than the $250.0 million pledged in 2002. At year's end, cumulative pledges through 2003 totalled about $5.8 billion from a cumulative total of 191 donors. The number of donors in 2003 totalled 151, composed of 149 donor Governments plus the Mars Trust and the 34 Million Friends campaign.

- Contributions to other resources of $103.6 million were provided through trust funds ($62.1 million), cost-sharing programme arrangements ($27.8 million), and other arrangements ($13.7 million). The contribution of $103.6 million is a decrease of approximately 5.4 per cent compared to $109.5 million in 2002. Interest and other income of $2.0 million bring to $105.6 million the total income for other resources for 2003.

- Total regular and other income in 2003 was $398.7 million.

Expenditures

- Programme expenditures in 2003 totalled $176.4 million, as compared to $203.6 million in 2002. The 2003 figure includes $140.5 million for country programmes, compared to $172.5 million in 2002; and $35.9 million for intercountry (regional and interregional) programmes, compared to $31.1 million for 2002.

- The difference in programme expenditures for 2002 and 2003 was influenced by the difference between the amount of resources carried forward from 2001 to 2002 ($39.9 million) and from 2002 to 2003 ($6.6 million). In addition, there were one-time costs in 2003 related to operations, thereby further reducing the amounts available for the programme.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $13.9 million. Costs for administrative and operational services (AOS) amounted to $5.0 million.

[1] All figures for 2003 used in both the text and the tables in this report are provisional.

- For expenditures in 2003 by major function, by geographical area, and by country category, see data on pages 5-11.

Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups, and decision 2000/19 updated the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 19-21 per cent; Group C, 7-9 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 1.5 per cent. (For a list of countries by group, see page 12).

- The breakdown of resources expended for country programmes and projects in 2003, by group, is as follows: Group A, 65.5 per cent; Group B, 19.7 per cent; Group C, 9.0 per cent; countries with economies in transition, 4.9 per cent; and other countries and territories, 0.8 per cent.

- Total expenditures in 2003 to Group A countries amounted to $92.1 million, compared to $116.5 million in expenditures in 2002.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled $35.9 million in 2003, compared to $31.1 million in 2002. By category of activity, these expenditures were: regional, $12.7 million in 2003, compared to $10.2 million in 2002; interregional, $23.2 million in 2003, compared to $20.9 million in 2002.

- Intercountry programmes accounted for 20.3 per cent of total programme expenditures in 2003 compared to 15.3 per cent in 2002.

Biennial support budget

- The provisional estimate for the net expenditure for the biennial support budget during the 2002-2003 biennium is approximately $132.8 million, representing 24 per cent of regular resources and 17 per cent of total resources income.

Personnel

- As of 1 January 2003, the total number of authorized budget posts numbered 972, comprising 431 Professional (including 221 national programme officers) and 541 General Service staff. These include 109 Professional and 115 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 320 Professional and 424 local General Service posts in the field.

- The percentage of women among UNFPA Professional staff at headquarters and in the field

was 47 per cent in 2003, one of the highest percentages among United Nations agencies and organizations. Moreover, 7 of the 14 members of the Fund's Executive Committee are women.

UNFPA PROGRAMME IN 2002 AND 2003 AT A GLANCE
(Expenditures)*

UNFPA ASSISTANCE BY MAJOR FUNCTION

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
Reproductive health/family planning	129.2	108.4	63.5	61.5
Population and development strategies	39.8	34.8	19.5	19.8
Advocacy	23.3	21.4	11.4	12.1
Multisector	11.3	11.8	5.6	6.7
Total	203.6	176.4	100.0	100.1

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION

Africa (sub-Saharan)	73.3	63.5	36.0	36.0
Arab States and Europe	23.8	23.0	11.7	13.0
Asia and the Pacific	63.8	53.3	31.3	30.2
Latin America and the Caribbean	21.8	13.5	10.7	7.6
Interregional and Global	20.9	23.2	10.3	13.1
Total	203.6	176.4	100.0	99.9

UNFPA ASSISTANCE BY COUNTRY/INTERCOUNTRY CATEGORY

Country	172.5	140.5	84.7	79.7
Intercountry	31.1	35.9	15.3	20.3
Total	203.6	176.4	100.0	100.0

*All data for 2003 used throughout these tables are provisional. Totals may not add up due to rounding.

UNFPA PROGRAMME IN 2002 AND 2003 AT A GLANCE (Cont'd)
(Expenditures)

COUNTRY ACTIVITIES BY GROUP

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
A	116.5	92.1	67.5	65.5
B	31.1	27.7	18.0	19.7
C	16.0	12.6	9.3	9.0
Economies in transition	7.2	6.9	4.2	4.9
Other countries	1.7	1.2	1.0	0.8
Total	172.5	140.5	100.0	99.9

UNFPA ASSISTANCE BY EXECUTING AGENCY

Government-executed projects	69.1	56.2	33.9	31.9
United Nations agencies	7.9	5.9	3.9	3.3
UNFPA [a]	98.0	87.8	48.1	49.8
Non-governmental organizations	28.6	26.5	14.1	15.0
Total	203.6	176.4	100.0	100.0

[a] Includes assistance to procurement for government projects of $19.5 million (2002, $37.9 million).

UNFPA EXPENDITURES FOR 2002 AND 2003, BY REGION

AFRICA (SUB-SAHARAN)

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
By major sector				
Reproductive health/family planning	43.4	38.3	59.3	60.4
Population and development strategies	20.4	16.4	27.8	25.8
Advocacy	5.4	3.7	7.3	5.8
Multisector	4.1	5.1	5.6	8.0
Total	73.3	63.5	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	65.8	55.9	94.8	96.1
B	3.4	2.1	4.9	3.7
C	0.2	0.1	0.2	0.1
Other countries	0.0	0.0	0.1	0.1
Total country activities	69.4	58.2	100.0	100.0
Country activities	69.4	58.2	94.7	91.6
Regional activities	3.9	5.3	5.3	8.4
Total region	73.3	63.5	100.0	100.0

UNFPA EXPENDITURES FOR 2002AND 2003 BY REGION (Cont'd)

ARAB STATES AND EUROPE

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
By major sector				
Reproductive health/family planning	17.3	16.4	72.5	71.4
Population and development strategies	4.1	4.1	17.2	17.7
Advocacy	1.1	1.3	4.8	5.9
Multisector	1.3	1.2	5.5	5.0
Total	23.8	23.0	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	6.1	5.0	27.6	25.2
B	6.8	6.1	30.6	30.7
C	2.0	1.8	8.9	9.3
Economies in transition	7.2	6.9	32.8	34.9
Other countries	0.0	0.0	0.1	0.0
Total country activities	22.1	19.8	100.0	100.1
Country activities	22.1	19.8	92.9	86.3
Regional activities	1.7	3.2	7.1	13.7
Total region	23.8	23.0	100.0	100.0

UNFPA EXPENDITURES FOR 2002AND 2003 BY REGION (Cont'd)

ASIA AND THE PACIFIC

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
By major sector				
Reproductive health/family planning	48.2	38.3	75.5	71.8
Population and development strategies	7.6	7.1	11.9	13.3
Advocacy	5.5	5.6	8.7	10.6
Multisector	2.5	2.3	3.9	4.3
Total	63.8	53.3	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	40.4	30.0	65.7	59.0
B	10.6	12.4	17.3	24.3
C	10.1	8.5	16.5	16.6
Other countries	0.3	0.0	0.5	0.0
Total country activities	61.4	50.9	100.0	99.9
Country activities	61.4	50.9	96.2	95.4
Regional activities	2.4	2.4	3.8	4.6
Total region	63.8	53.3	100.0	100.0

UNFPA EXPENDITURES FOR 2002AND 2003 BY REGION (Cont'd)

LATIN AMERICA AND THE CARIBBEAN

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
By major sector				
Reproductive health/family planning	12.2	7.4	56.0	54.8
Population and development strategies	5.0	3.9	22.7	28.6
Advocacy	1.6	1.2	7.5	8.7
Multisector	3.0	1.1	13.8	8.0
Total	21.8	13.5	100.0	100.1
COUNTRY ACTIVITIES BY GROUP				
A	4.3	1.2	21.9	10.1
B	10.3	7.1	52.7	60.9
C	3.7	2.2	18.9	19.3
Other countries	1.3	1.1	6.5	9.6
Total country activities	19.6	11.6	100.0	99.9
Country activities	19.6	11.6	89.9	86.4
Regional activities	2.2	1.8	10.1	13.6
Total region	21.8	13.5	100.0	100.0

UNFPA EXPENDITURES FOR 2002 AND 2003 BY REGION (Cont'd)

INTERREGIONAL AND GLOBAL

	US$ millions		Percentage	
	2002	**2003**	**2002**	**2003**
By major sector				
Reproductive health/family planning	8.1	8.0	38.9	34.5
Population and development strategies	2.7	3.5	13.1	15.0
Advocacy	9.7	9.6	46.3	41.3
Multisector	0.4	2.1	1.7	9.3
Total	20.9	23.2	100.0	100.1

Country Classification 2001-2005

Group A (62)

Africa

Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Rep.
Chad
Comoros
Congo
Congo, Dem. Rep.
Cote d'Ivoire
Equatorial Guinea
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Niger
Nigeria
Rwanda
Sao Tome & Principe
Senegal
Sierra Leone
Tanzania, United Republic of
Togo
Uganda
Zambia
Zimbabwe

Arab States/Europe

Djibouti
Occupied Palestinian Territory
Somalia
Sudan
Yemen

Asia/Pacific

Afghanistan
Bangladesh
Bhutan
Cambodia
India
Kiribati
Lao People's Democratic Rep.
Maldives
Myanmar
Nepal
Pakistan
Papua New Guinea
Samoa
Solomon Islands
Timor-Leste
Tuvalu
Vanuatu

Latin America/Caribbean

Haiti
Honduras

Group B (27)

Africa

Botswana
Gabon
Namibia
South Africa
Swaziland

Arab States/Europe

Algeria
Egypt
Iraq
Morocco
Syrian Arab Republic

Asia/Pacific

Indonesia
Mongolia
Philippines
Thailand
Viet Nam

Latin America/Caribbean

Belize
Bolivia
Ecuador
El Salvador
Guatemala
Guyana
Mexico
Nicaragua
Paraguay
Peru
St. Lucia
Venezuela

Group C (20)

Africa

Mauritius

Asia/Pacific

China
Fiji
Korea, Dem. People's Rep.
Iran, Islamic Republic of
Malaysia
Sri Lanka

Latin America/Caribbean

Chile
Colombia
Costa Rica
Cuba
Dominican Republic
Jamaica
Panama
Suriname
Trinidad & Tobago

Arab States/Europe

Jordan
Lebanon
Tunisia
Turkey

Countries with Economies in Transition (27)

Arab States/Europe and Central Asia

Albania
Armenia
Azerbaijan
Belarus
Bosnia-Herzegovina
Bulgaria
Croatia
Czech Republic
Estonia
Georgia
Hungary
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Macedonia, former Yug. Rep.
Moldova, Republic of
Poland
Romania
Russian Federation
Serbia and Montenegro
Slovakia
Slovenia
Tajikistan
Turkmenistan
Ukraine
Uzbekistan

Other Countries and Territories (41)

Africa

Seychelles
St. Helena

Arab States/Europe

Bahrain
Cyprus
Kuwait
Libyan Arab Jamahiriya
Malta
Oman
Qatar
Saudi Arabia
United Arab Emirates

Asia/Pacific

Brunei Darussalam
Cook Islands
Hong Kong [a]
Marshall Islands
Micronesia, Fed. States
Nauru
Niue
Korea, Republic of
Singapore
Tokelau
Tonga
Palau

Latin America/Caribbean

Anguilla
Antigua & Barbuda
Argentina
Aruba
Bahamas
Barbados
Bermuda
British Virgin Islands
Brazil
Cayman Islands
Dominica
Grenada
Montserrat
Netherlands Antilles
St. Kitts & Nevis
St. Vincent & Grenadines
Turks & Caicos
Uruguay

[a] On 1 July 1997, Hong Kong became a Special Administrative Region of China.

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